Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06635

## CERTIFICATE OF DEATH

06621

F	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
	o. COUNTY Frederick MARYLAND	o. STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE
/	DOA Frederick Memorial Hospital	308 East Third Street   ON A FARM?
	B. NAME OF First Middle DECEASED MILTON EDWARD  (Type or print)	AKERS  4. DATE OF DEATH MAY DOY 19 67
	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED	8. DATE OF BIRTH  Nov. 15, 1880  9. AGE (In yeors lif UNDER 1 YEAR   IF UNDER 24 HRS. Months   Doys   Hours   Min.
	0a. USUAL OCCUPATION (Give kind of work done luring most af working life even if retired) Retired Carpenter   10b. KIND OF BUSINESS OR UNDUSTRY   None	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Frederick County, Maryland U.S.A.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Abner S. Akers	Mary Catherine Pearl
1	IS WAS DECEASED EVER IN ILS ARMED EORCES? 16 SOCIAL SECURITY NO 1	7. INFORMANT Address Fred
	(Yes, no, or unknown) (If yes give wor or dotes of service) 217–10–0653	r. Edward M. Akers 406 Delaware Rd. Maryland
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), (b)	THROMBUSIS INTERVAL BETWEEN ONSET AND DEATH IO MINUTED
	stoting the underlying couse   CC   CC	LIO MACAUTORY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	YES NO X
	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  100 While Not While	ED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 While of work 20e.	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)  20f. (City or town) (County) (State)
	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an 2/6 1967, and t	that death occurred at 10 3 A.M., fram causes and an the date stated above.
	220. SIGNATURE Charle C Keypules	M.D. ATTENDING MED. STAFF MAY 16. 1967
	PHYSICIAN'S NAME (Type) Dr. Richard C. Reynolds M	.D. 22d. ADDRESS 804 Toll House Avenue Frederick, Md.
	236 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY MOUNT Olive	t Cemetery Frederick, Maryland
1	24 EUNERAT DIRECTOR ADDRESS Frederick.	Maryland DATE 250. RECUMAREGISTAN 1967 REGISTRAR'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in one event, within 72 hours after death. Poge 4 moy be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

Addition to 36635 votes. Fell trail D The state of the s and any columns of the covering of special

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06636

## CERTIFICATE OF DEATH

06622

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I		LACE OF DEATH	ederick		350	41.7			o. STATE Mary				county		e before der i		n)
	_					1500711	MARYLA					Promise contact	DUDAI		~~~		
	b	write RURAL_qnc	f outside corporate limit give nearest town) ederick	S,			OF STAY IN	10	c. CITY OR TOWN (If			limits, write	KUKAL	ona give	nearest	10Wil)	
						e/	ars		Frederick //						NE NICE		
٨	d		at or institution (if no 3 Delaware			e street ad	dress)		d. STREET ADDRESS 413	Del	aware	e Road	il			ON A F	
3	. [	NAME OF DECEASED	EVELYN	rst		VIRG	iddle [NIA		ALEXANDER		DATE OF DEATH	Ma	Month		16.	Yeo	67
-	. 5	Type or print)	6. COLOR OR RACE	7 MA	ARRIED X		MARRIED		B. DATE OF BIRTH			AGE (In yeo	rs II	F UNDER 1		IF UNDER	-
		emale	White		OWED [		DIVORCED	1 1 1 1	Jan. 21, 1			birthdo		lonths	Doys	Hours	Min.
1	0o.	USUAL OCCUPATION  HOST EMERICA	(Give kind of work done life, even if retired)		10b. KIND NOT	OF BUSIN USTRY 10	ESS OR		11. BIRTHPLACE (Cou						IZEN OF		
		FATHER'S NAME							14. MOTHER'S MAIDE								
	Emory B. Lease					Estelle	Bur	rier									
-	TO THAN DECEMEN EVED IN HIS ADMED FORCESS THE SOCIAL SECTION NO				17. 1	NFORMANT				Address			F	red.			
L	Of State of							Mr.	Edwin M.	Ale	xand	er 413	B De	lawa			Md.
	1		ATH (Enter only one course the WAS CAUSED BY:	ıse per	line for (o	o), (b), ond	(c).)	1.	2 22 1			2749				RVAL BET	
1		/_	IMMEDIATE CAUSE	(o)	1h		yes	lu	e xaille	re				-		JEC 1	766
ł		Conditions, if any	DUE		(0)	ston	10-	Sa	Odratio !	hila	17	dis.			au	20 19	66
	conditions, it any, which gave rise to immediate couse (a), stating the underlying couse													-			
	4	stoting the unde	rlying couse	(c)													
	_	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIB	UTING TO	DEATH BU	T NOT RELAT	ED TO	THE TERMINAL DISEASE	CONDIT	ION GIVEN	IN PART 1(c	0)		19.	WAS AUTO PERFORM	OPSY ED?
A T	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  William 1963 — Myacaa  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)										4	ril/	967	YE		NO D	
Crowner	CEKIIFIC		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)		20b. DESC	RIBE HOW	INJURY OCCI	URRED	(Enter noture of injury	in Fort	1 or Port	Il of item 18	3.)				
Man Contract	MEDICAL	20c. TIME OF INJU Hour o.r	JRY Month, Doy, Yeor n. n. 19		20d. INJI While of wark	URY OCCUR  Not W	hile _		CE OF INJURY (Home, 1 ory, street, office bldg., 1		20f.	(City or tow	n)	(Cot	unty)		(Stote)
		21. I certi	fy that (I) (this ha	spital)	attende	ed the de	eceased fr	ram		., 196	3, ta	(Slang )	6	_, 194	2, th	at (I) (	we) las
			eceased alive an	3 Y	nay	19	<u>6</u> ), ar	nd tha	t death accurred	at 67	3 P_M,	fram cau	ses an				d abave
		22a SIGNATURE  Liarles H. Couley, M.D. ATTENDING M.D. PHYS. D.							] ME	D. RECTOR [	STAFF PHYS.		11	Mery Mary	101	7.	
1		22c. PHYSICIAN'S NAME (Type	Dr. Charl	es l	H. Co	onley	Jr.	M.	D. 22d. ADDRESS D. 228 N.	. Ma	arket	St.	Fred	eric	ck,	Md.	
	230	. BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF		23c. NAM	E OF CEMETE	ERY OR	CREMATORY		23d. LOC	ATION (City	or Town)	)	(County)	) (9	itate)
	F	REMOVAL (Specify) 5-20-1967 Mount Olive					ivet			Fre	deric	k, M	lary]	and		11111	
T	24	24 FUNERAL DIRECTOR? ADDRESS								REGISTRA							
1	4	lobert E.	Dailey 6	Son	/	Fre	deric	k, N	Marylandar	Alo	121	967	fice	wel	as &	udge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deoth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comptetely filled in by the funeral directar, page 3 shauld be detached far use as the burial-tronsit permit. Then please remove carbon papers. Pages A and directar, page 3 shauld be detached far use as the burial, cremation, or removal, and in any event, within 72 hours after deap. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

DEC23

	o. COUNTY				Q. USUAR		here deceased lived,	b. COUNTY	kesidence beta	re admission	1)	
	Fred	derick		MARYLANI	Mai	yland			rick			
	b. CITY OR TOWN (	If outside corporate limit	s,	c. LENGTH OF STAY IN 16			side corparate limits,	write RURAL a	nd give neare	st tawn)		
		d give nearest tawn)		Days	Fre	ederick		/1	1-1			
-		AL OR INSTITUTION (If no	ot in hospital, a	give street address)	d. STREET	d. STREET ADDRESS e. IS RESIDENCE						
YI		Memorial H			1701	Roseme	ont Avenue	е		ON A FAI	RM?	
/ 3	. NAME OF	Fi	irst	Middle	Lo	st	4. DATE	Manth	Da	y Year		
	(Type or print)	PAUL		В.	ANDERS	SON	OF DEATH	May	30	196	7	
S	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In lost bir		UNDER 1 YEAR	IF UNDER		
]	Male	White	WIDOWED	DIVORCED [	April	9, 1902	2 65	Yrs.	inths Days	Hours	Min.	
10	Oa. USUAL OCCUPATION	(Give kind af wark dane	Tipbok	NO PETERNAMES TOPON			Stote, or fareign coun	itry)	12. CITIZEN O			
d	uring most of working. Retired	ite, even it retired)	and	Steel, Inc	. Timb	er Ride	ge, W. VA		COUNTRY U. S.			
	3. FATHER'S NAME					IER'S MAIDEN N						
	Ronis	min Luther	Ander	reon	I,5	llie Be	elle Sale					
	S WAS DECEASED EVE	DINIIS ADMED ECOCESS	16	SOCIAL SECURITY NO.	17. INFORMANT			Address				
(	Yes, na, or unknown) W. #1	(If yes give war ar dates	of service)	20 07 3793	Ina Ros	Joh And	derson(Sar	ne 20 i	tom #	2)		
-		EATH (Enter only ane ca			TID. Det	A A	ret Polit par	v ap 1		TERVAL BETV	VEEN	
	PART I. DEA	TH WAS CAUSED BY:	2	asilar a	Len	The	mbos	S		NSET AND DE		
	11201	IMMEDIATE CAUSE	(0)	Caract Co	0.0		0					
	Canditians, if any		14	roemasclo	rote	16.D	anta					
	rise ta immediat	e cause (a), (	(b)^	0 1	1 /	7 1	. 0.	,				
	stating the under	rlying cause	(c)	Cerelo	ral (	refer	unde	Was				
	PART II. OTHER SI	GNIFICANT CONDITIONS (	ONTRIBUTING 1	TO DEATH BUT NOT RELATED	TO THE TERMIN	AL DISEASE CONI	DITION GIVEN IN PAR	T 1(a)	19	WAS AUTO	PSY	
NOT								. ,		PERFORME	NO 🔲	
Z III	20a. ACCIDENT WA	S LINDERLYING T	205. DF	SCRIBE HOW INJURY OCCUR	RED. (Enter natu	e of injury in P	art I ar Part II of ite	m 18.)				
CEPTIEICATION		CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJU	URY Month, Day, Year	20d. II	NJURY OCCURRED 20e	. PLACE OF INJUR		20f. (City or	town)	(County)	(S	tate)	
MED	Haur a.r	m.	While at war		factory, street, o	ffice bldg., etc.)						
	21 Learti	114		ded the deceased from	m	10	95 / ta 5	-30	1967.1	hat (I) (v	ve) Inst	
	saw the d	eceased alive an	5 - 30	19 <u>6.7</u> , and	that death	ccurred at	8 15 M. from	causes and				
	22a. SIGNATURE	0100300 01110 011		/			· · · · ·		22b. DATE SIG			
	10	· Km	Dan	22	M.D. PHYS.			AFF IYS.	May 30	, 196	7	
	22c. PHYSICIAN'S					ADDRESS						
	NAME (Type	Rex R. M	artin,	M. D.	220	N. Mar	rket Stree	et, Fre	d rich	c, Mar	ylan	
2	3a. BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	Y OR CREMATORY		23d. LOCATION (	City or Town)	(Count	y) (Sti	ate)	
	REMOVAL (Specify	June 3	. 1967	Mount Olive	at. Camet	0777	Frederi		ryland	1		
1	24. FUNERAL DIRECTO			ADDRESS Tax		25a. REC'D	BY REGISTRAR	2Sb. REGISTI	RAR'S SIGNATU	IRF	4 4	
3	м. в.	/0	0	Frederick, 1		DATE JU	N 2 198	7 90	Control	Judg	Ea.	
	AND TO B		~ ~~~		- Jan Jan Contact					11		

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and campterely filled in by the funeral director, page 3 should be detached far use os the buriol-tronsit permit. Then pleose remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in an event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 haurs after deal Page 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 20 M 1/66 The state of 

filled in by the fu popers. Pages and tornilletely fill in any lease removal en 0 far use as the t f Health priar to b detached f Dept. of be de State (

within 24 hours after death

executed

requires that the death certificate

O HOSPITAL OR ATTENDING PHYSICIAN: The law

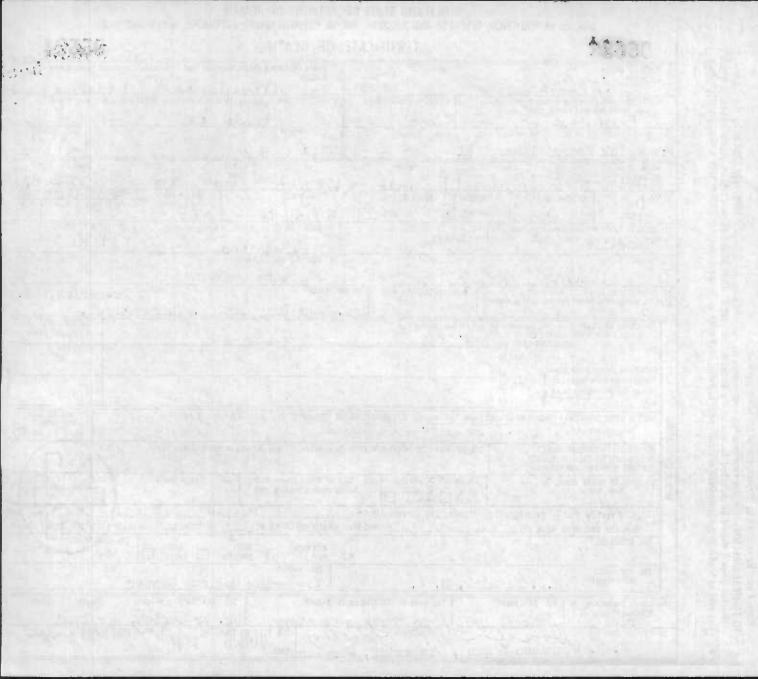
signed by the atter burial-transit perm burial, cremotion, o attending physician. TO FUNERAL DIRECTOR: After this certificate hos been by the hospital or sage 3 shauld be filed with the S be retained Page 4 may directar, should b

VR A15 (4)

20 M 1/66

06638 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a COLINTY b COLINTY MARYLAND b. CITY OR TOWN (If outside carporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside caparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick troderiele e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Frederick Memorial Hospital YES NO TO NAME OF Middle 4 DATE First Last Year DECEASED OF May 19 (Type ar print) DEATH S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. SIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Virdinia 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Florence Shelton IS WAS DECEASED EVER IN U.S. ARMED FORCESS SOCIAL SECURITY NO. 17. INFORMANT Address Frederick. Md. (Yes, na, ar unknawn) (If yes give wor ar dates of service Irs. Gene Whipp, 202 E. Third Street. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET\_AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Manth, Dov. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased fram April 191966 to Man 30, 1967, that (1) (we) last 30 1967, and that death occurred at 505 M, fram causes and an the date stated above saw the deceased alive on mla 22a, SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W.J. Riddick, M. D. Frederick Ledical Center 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Buria Nr. Frederick. nocky Springs Cemetery 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Son



Division of STATISTICAL	CERTIFICAT	E OF DEATH	ET, BALTIMORE, MARYL	AND 21201
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	CTATE	Where deceased lived, if institution b. COUN	ion: Residence before admission) ITY Frederick
b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16		itside carparate limits, write RUR lerick	RAL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	Redwood Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) DECEASED	Middle R •	Bungher	4. DATE Mont	
3.5.73	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Oct. 25-1902	9. AGE (In years last birthday) OLL yrs.	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if cetired) Cupola Operation	10b. KIND OF BUSINESS OR INDUSTRY Foundry	11. BIRTHPLACE (County Frederick	& State, ar foreign cauntry)  C Co • Md •	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Baugher		14. MOTHER'S MAIDEN I		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates af serving)	(0)	informant Irs. Helen L.		r-300Reamood Ave
IB. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (a), (b), and (c).) Bundayen	in Clerk	inema	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (b)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Part I ar Port II of item IB.)	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.)		(Caunty) (State)
21. I certify that (I) (this hospital) sow the deceased olive on Mr.		ot death occurred at	1959 to May 2 5:30 M, from couses	5 , 1967, that (I) (we) lo and on the date stated abov
22a. SIGNATURE  22c. PHYSICIAN'S	Stare 1	A.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5 -2 3 -6 7

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept, of Health prior ta burial, cremation, or removol, and in any event, within 72 hours after deal Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION REMOVAL (Specify)

24. FUNERAL DIRECTOR M.R. Etc.

23a.

ounas

23b. DATE THEREOF

26-1967 Rocky Frederick,

STONE

23c. NAME OF CEMETERY OR CREMATORY

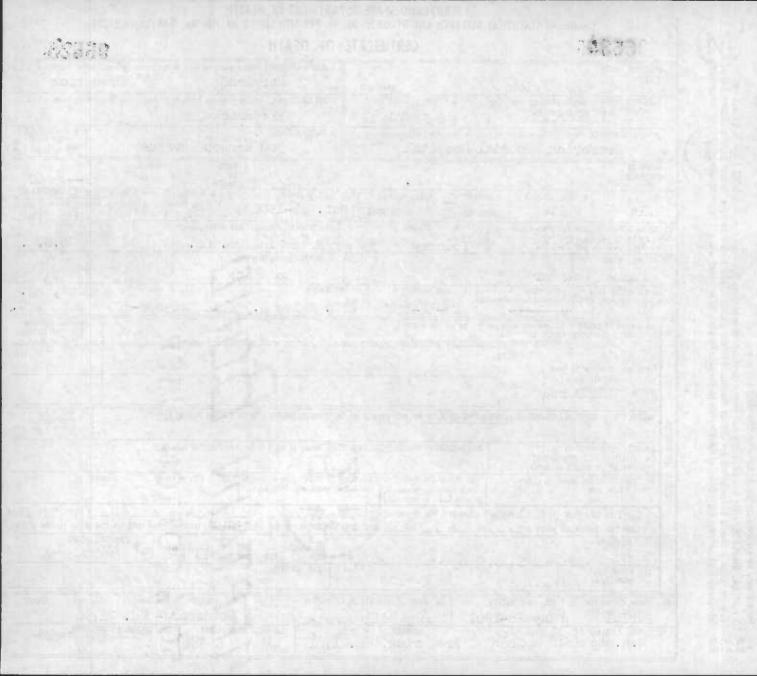
23d. LOCATION (City or Town)

(State) (County)

Woodsboro- Md. 21798

250. REC'D BY REGISTRAR DATE MAY 26 1 196

reverinh



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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#### MARYLAND STATE DEPARTMENT OF HEALTH

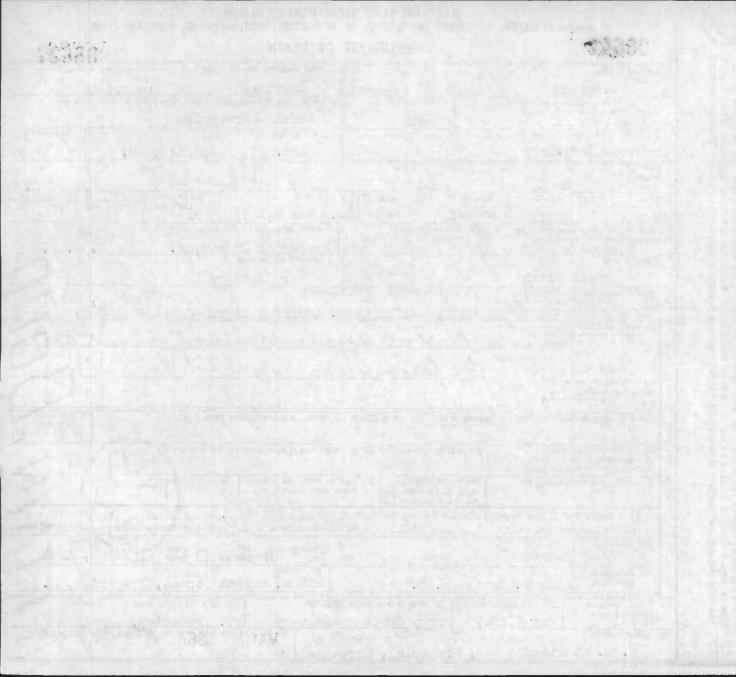
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00040	CERTIFICATE	OF DEATH	05626
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institute o. STATE Maryland b. COI	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Heig	ghts c. LENGTH OF STAY IN 16 three days	c. CITY OR TOWN (If autside corporate limits, write RI Frederick	URAL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in the Vindobona Convalesce		d. STREET ADDRESS 634 Grant Place	e. IS RESIDENCE ON A FARM? YES NO XX
3. NAME OF DECEASED (Type or print) First MARY		LL Last 4. DATE May Mol DEATH May	2, 19 67
D 7 - 100 - 4 -	VIDOWED DIVORCED N	DATE OF BIRTH  100. 15, 1880  9. AGE (In years 806 birthday) yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired Ret School Teacher	10b. KIND OF BUSINESS OR Teaching	11. BIRTHPLACE (County & State, ar foreign country)  Columbiana Co. Ohio	12. CITIZEN OF WHAT
13. FATHER'S NAME  Samuel H. Bell		14. MOTHER'S MAIDEN NAME Anna Robinson	D. M.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give wor or dates af serv		NFORMANT Samuel F. Deterding 427	ress Fred.Md. 'N. Market St.
18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Sevi	cardiovescular	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO XX
200, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter nature af injury in Part I or Part II of item 18.)	
2Dc. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19  21. I certify that (I) (this haspita saw the deceased alive an 22a. SIGNATURE	While at work at While at work 1) attended the deceased fram	t death accurred atM, fram cause:  ATTENDING	22b. DATE SIGNED May 2, 1967
NAME (Type) Dr. Rex R.  230. BURIAL, CREMATION, REMOVAL (Specify) Burial  Aug 5.	1967 Mount Olivet	CREMATORY 23d. LOCATION (City of T Cemetery Frederick	fown) (County) (State) Maryland
74. FUNERAL DIRECTOR	ADDRESS Manderick Man		REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06641	Pr.		C	ERTIFICAT	E OF	DEATH				ns	627
	PLACE OF DEATH o. COUNTY Fred	erick			MARYLAND		ual RESIDENCE (V STATE Marylar		teased lived, if ins	titutian: Reside COUNTY Freder:		odmission)
1	b. CITY OR TOWN (I write RURAL and	f autside carparate limit I give negrest tawn) erick	s,	c. LENGTH Mont	of stay in 1b	c. CIT	Y OR TOWN (If au Rural -	tside carp		RURÁL and gi	16	0./
		at or institution (if a Infirmary	at in haspita	l, give street ad	dress)	d. ST	d. STREET ADDRESS  Route #7, Frederick, 1					IS RESIDENCE ON A FARM? ES NO X
	NAME OF DECEASED (Type or print)	EMMA F	rst	JANE	Middle	В.	Last	4. DAT OF DEA	2.5	Manth	Day	Year 19 67
S.	SEX 'emale	6. COLOR OR RACE White	7. MARRIE WIDOWE		MARRIED DIVORCED		of BIRTH nber 2,18	873	9. AGE (In year last birthdo	rs IF UNDER y) Months .		Hours Min.
	. USUAL OCCUPATION ing most of warking House		10b.	KIND OF BUSIN INDUSTRY	F	11. BIRTHPLACE (County & State, or fareign country)  12. CITI COU Frederick County Md.					WHAT	
	3. FATHER'S NAME Ernest Blank						Mary Re					
15. (Ye	WAS DECEASED EVE es, na, ar unknawn) No	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	6. SOCIAL SECUR		INFORM	Edward Mo	oble	y 523 Wi	rederic Lson P	Lace,	aryland
	Conditions, if any rise to immediat stating the unde last.	e cause (o), rlying cause	10 (b) CC 10 (c)	Cerit-	alve	iti	la a c'vas	cai	n obse.		61	HOW.
CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS					MINAL DISEASE COI					WAS AUTOPSY PERFORMED?  NO
	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)										15:
MEDICAL	Haur a.ı p.ı	m. 19	Wi	i. INJURY OCCUR hile Nat W vark at wo	hile fo	ctary, str	NJURY (Hame, farn eet, office bldg., etc.	)			aunty)	(State)
	saw the d	<b>fy</b> that (I) (this ha eceased alive an_	spital) att	ended the do	eceased from_ and th	at dea	th accurred at	120	to //(0) 2M, fram cau	ses and an		at (I) (we) las stated abave
	22a. SIGNATURE	e foy.	14	)ar	ا ه	M.D. P	TENDING HYS. 22d. ADDRESS	MED. DIRECTO	R STAFF PHYS.		y 4,	
	22c. PHYSICIAN'S NAME (Type	LeRoy T.					228 N. Ma		t Street			
	BURIAL, CREMATION BURIAL Specify	May 5	1967	Rocky	Springs		netery	Mn	Freder			nd
24	M. R.	Etchison 8	Son,	- 111 "	7 2-6	ylar	Z 250 REC	Y 8 KEG	istri967 2SI	The state of the s	Che A	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



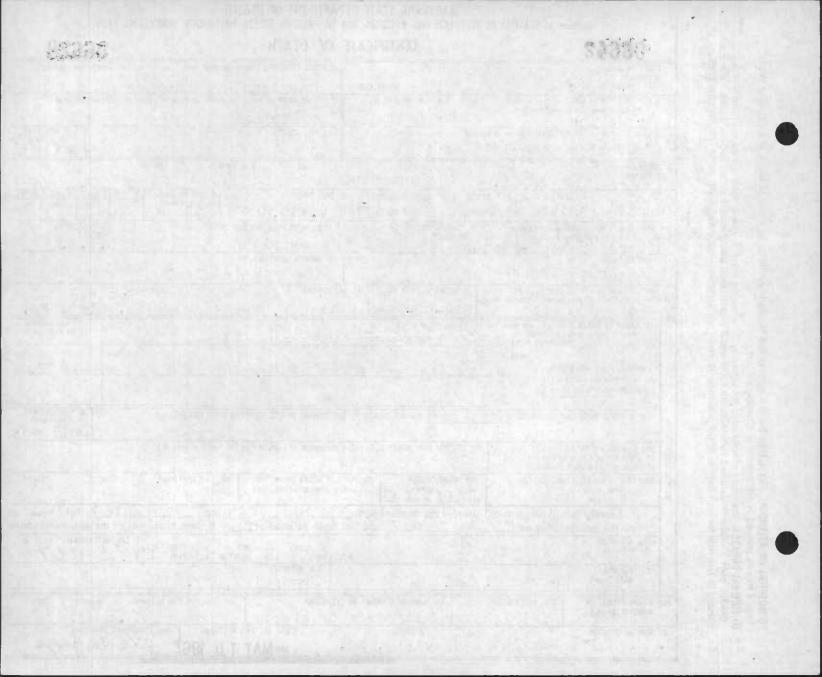
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06642 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Frederick larvland MARYLAND Lowerd b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 4 days Lishon Frederick e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Frederick Lenorial Hospital YES NO V 3. NAME OF Middle 4. DATE Day Year DECEASED OF LARUE DEATH (Type or print) AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIED last\_birthday) Manths Days Hours White Female Nov. 19, 1893 WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 1Da, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Maryland Retired School-Teacher 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jesse Brandenburg linnie Slagle Address Route 3 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) Brandenhurg It. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) 2Dc. TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED factory, street, office blda., etc.) Hour a.m. While Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from 3 May 1967, and that death occurred at 2:65PM, fram causes and an the date stated above. saw the deceased alive an 7 May 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Melvin E. Frederick. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL CREMATION REMOVAL (Specify) McKendree Cemetery Lowerd Co.. ADDRESS 2So. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Box 241 Sykesville, Md.

requires that the deoth certificate be executed within 24 hours after death filled in by the and completely 100 remove physician ( leose a signed by the attending phy buriol-transit permit. Then buriol, cremation, ar removal **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physician. After this certificate has been be detached for use as the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate be filed with the director, should by

VR A15 (4) 20 M 1/66

and



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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0	6	6	4	3				

CERTIFICATE OF DEATH

98889

00030			CERTIFI	ICATE	OF DEATH				The	23	
PLACE OF DEATH     O. COUNTY	Frederick		MARYI	LAND	2. USUAL RESIDENCE o. STATE Ma:	(Where deceos			-	odmissio ric	
b. CITY OR TOWN (I	f outside corporate limit: give neorest town)	5,	c. LENGTH OF STAY IN 82 weel		c. CITY OR TOWN (IF		te limits, write RUF	RAL ond give	neofest	town)	
	at or institution (if no ck Memori				d. STREET ADDRESS	Main S	St.		8 Y	IS RESID ON A FA	DENCE ARM? NO
3. NAME OF DECEASED (Type or print)	HILDA	MAE	Middle BROWN		Lost	4. DATE OF DEATH	Mont May		Doy	Yec	67
s. sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		Aug. 5,	1898	AGE (In yeors less birthdoy) yrs.		Doys	Hours	Min.
10o. USUAL OCCUPATION during most of working I Housew	(Give kind of work done life, even if retired) 7110		ND OF BUSINESS OR DUSTRY Home		11. BIRTHPLACE (Coun	ry & Stote, or fo yland	reign country)	12. CITI	ZEN OF T	WHAT	
	Fleet	Arnsp	Sec.			Nora Nora	Willar				
(Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes c	of service) 16. S	SOCIAL SECURITY NO. 4-36-245		Paul R. B	rown	Addre		Id.	RD	1
	e cause (a), {	(o) (c) (o) (b)	(o), (b), and (c)	Ve	wedan T	1500 1				RVAL BET ET AND D	
PART II. OTHER SIGNATURE OF CONTRIBUTING	GNIFICANT CONDITIONS C	week	- , citr	ATED TO T	V	ONDITION GIVE	N IN PART 1(a)		19. V P YES	WAS AUTO PERFORMI	DPSY ED? NO
20c. TIME OF INJU	JRY Month, Doy, Yeor	20d. IN While of work	Not While		E OF INJURY (Home, fo ory, street, office bldg., et		(City or town)	(Cour	nty)	(	Stote)
	fy that (1) (this_has eceased alive on	pital) attend 1 vay 2	ded the deceased	from_/ ind that	death accurred o	19 <u>67,</u> t	o May 2- 1, fram causes	and an th	e dote	stated	we) la: I abav
220. SIGNATURE	a. Vea	ne	9.	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	E SIGNEI	16	7
22c. PHYSICIAN'S NAME (Type)	216 2 0 0 2			Tol	l House A		Freder		Md.		
230. BURIAL, (REMATIO BUR 181	5-26	-67	Blue Ri		Cemetery	T	CATION (City or Tov	Fred		Co.	iote) Md
24. FUNERAL DIRECTO	ymond E	Creas	er Thurm	ont	Md DAMA	Y 2 6		GISTRAR'S SIG		del	

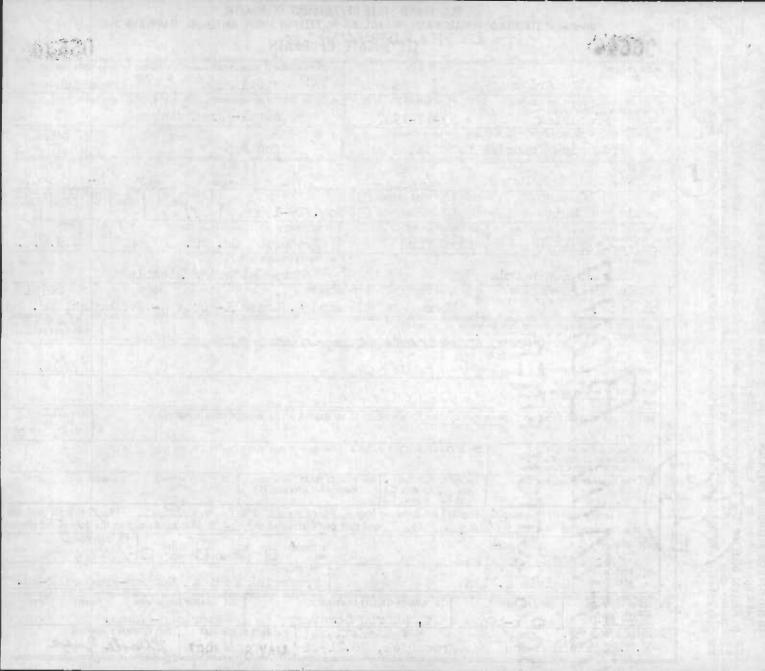
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detoched far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 74 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the death certificate be executed within 24 haurs after deoth. Page 4 moy be retained by the hospital or ottending physician.

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	of property and	Residentia de	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #1c Film CERTIFICATE 06644 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1 PLACE OF DEATH b COUNTY o. COUNTY o. STATE Frederick Maryland Frederick MARYLAND 24 hours after and completely filled in by the t c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) carbon popers. Pog Rural - Frederick Frederick e. IS RESIDENCE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, dive street oddress) ON A FARM? Route 5 Frederick Memorial Hospital NO X requires that the deoth certificate be executed within 4 DATE Month Year NAME OF Middle Lost OF DECEASED 67 May MARI 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 8. DATE OF BIRTH 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED eve Hours last birthday) Months Dovs Nov. 29-1889 Female White any WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) pleose U.S.A. Frederick Co. Md. physician Retired-Yoemenette 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME en Mary Catherine Nichols Charles Edwin Cole Address 21701 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Edward L. Knisell-Route 5- Frederick. Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit p buriol, cremotic ONSET AND DEATH PART I. DEATH WAS CAUSED BY intestinue ileum IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse as the has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Health 1 NO DE TO FUNERAL DIRECTOR: After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ detached f te Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the ot work ot work pe 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 27 APF() 1967 to 4 May 1967, and that death accurred at 935 A. M., fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 29n SIGNATUR director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Frederick Medical Center-Frederick-Md. NAME (Type) Melvin E. 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) Mt. Aubron Cemeterv Watertown- Mass. May 8-1967 2Sb. REGISTRAR'S SIGNATURE ADDRESS Whitmore 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Marley Frederick, Md.21701 20 M 1/66

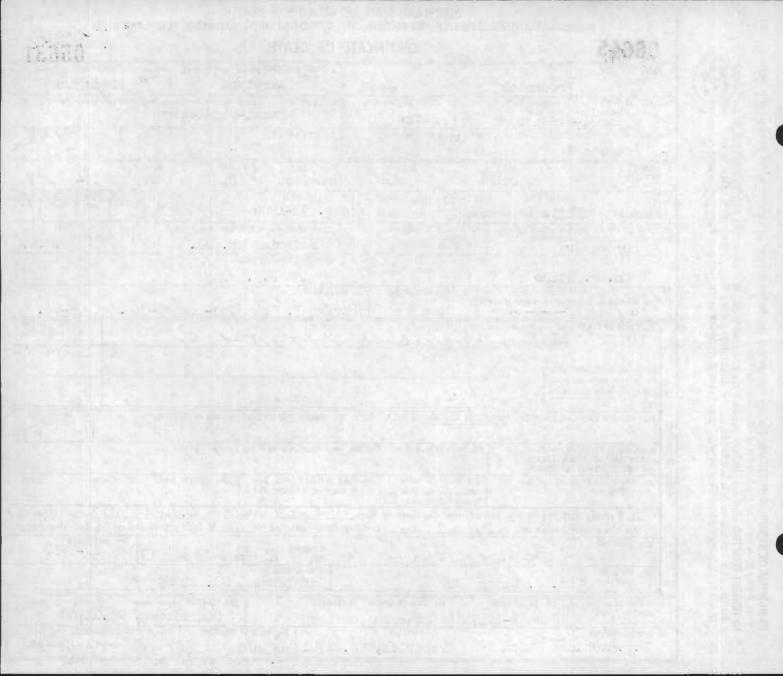
MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06645			CERTI	FICATE	OF DEATH				066	31	
		LACE OF DEATH	Frederic	:k	MAI	RYLAND	2. USUAL RESIDENCE (V o. STATE Mary	Vhere deceased lived	l, if institution b. COUNTY			on)	
		write RURAL and	f autside corparate limi I give nearest tawn) 11—Middlet c	own	c LENGTH OF STAY	IN 1b		tside carparate limits 1-Middlet		and give near	180/		
0	d	I. NAME OF HOSPIT. Rout	AL OR INSTITUTION (If n	iat in haspital, ç	give street address)		d. STREET ADDRESS Rout	e 2			e IS RESIDENCE ON A FARM? YES NO -		
	(	AME OF DECEASED Type or print)	C	irst )rpha	Middle Viola		Crampton	4. DATE OF DEATH	Month Mag		<b>→</b> 19	67	
	S. S	ex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI		B. DATE OF BIRTH Lug. 31-1904		oirthday) Yrs.	IF UNDER 1 YEAR Months Days	Hours	Min.	
	IDa. USUAL OCCUPATION (Give kind af work dane during mast of working life, even if retired)  Homemaker  IDb. KIND OF BUSINESS OR INDUSTRY HOME						11. BIRTHPLACE (County Frederick	Co. Md.	untry)		COUNTRY? U.S.A.		
			C. Stine				14. MOTHER'S MAIDEN I						
			R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO.		nformant rles F. Cra	mpton-Rou	Address ite2—lij	iddleto	wn-Md		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral Semonthage											WEEN DEATH	
		Canditions, if any, which gave (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c											
9	stating the underlying cause   DUE 10 Aeriu - Sclervous											2004	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										PERFORN YES	NO A	
	L CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DB	ESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port I or Port II of i	tem 18.)				
	MEDICAL	20c. TIME OF INJU Haur a.r p.r	10	While			CE OF INJURY (Home, form ory, street, affice bldg., etc.)		or town)	(Caunty)		(State)	
		saw the d	fy that (I) (this ho eceased alive on_		ded the deceased	d fram , and tha	May 24, 1 death accurred at	/ IU	n causes ar	nd an the d		,	
		22a. SIGNATURE	JEl1	ncer	Harp	M.I	D. ATTENDING PHYS. 22d. ADDRESS		STAFF PHYS.	May 29	_1967		
NAME (Type) Dr. J. Elmer Harp Middletown, Md. 21769										-) (6	4.)	200	
		BURIAL, CREMATIC	June 1	-1967	Luthera	in Cem	etery		Letown,	Md 21 STRAR'S SIGNAT	769	State)	
	24.	M.R.Etc	hison & So	n T.	Frederick	Miet.	21701 DATE J			Cliant	8 h	92	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please (enhance carbon papers. Pages Fand should be filed with the State Dept of Health prior to burial, cremation, ar remavol, and in any eyest, within 72 hours after again. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06646	CERTIFICATE	OF DEATH		05632	
	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	o. STATE Mary		Frederick	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Frederick	c. LENGTH OF STAY IN 16	Rura	tside corporote limits, write RURAL ond q 1 Frederick	184	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in Frederick Memor		d. STREET ADDRESS Rout	e # 7	e. IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF First DECEASED (Type or print) DONA	Middle DORREN D	ITTY	4. DATE Month OF MAY 10		
	D - 3 Total - 3 - 4 -		Dec. 4, 193		ER I YEAR IF UNDER 24 HRS. Days Hours Min.	
	o. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) COTIEGE Professor	10b. KIND OF BUSINESS OR INDUSTRY	Summer vill		COUNTSY?A	
1S. (Y	FATHER'S NAME  D. Dallas Ditty  WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of sen	vice)	14. MOTHER'S MAIDEN NETHEL R NFORMANT D. Dallas	Ge‡ty Address	le, Penn.	
	IB. CAUSE OF DEATH (Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse  (c) COLUMN CAUSE DEATH (Enter only one cause por part of the cause (b) DUE TO COLUMN CAUSE DEATH (Enter only one cause por part of the cause por par	Subaraclin Rughand Co	e (kart sid be rebrol	Harline Emerrysm	INTERVAL BETWEEN ONSET AND DEATH Thomas Thomas Thomas	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6)  19. WAS AUTOPSY PERFORMED? YES NO					
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in I	Port i or Port il of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form ory, street, office bldg., etc.)		County) (Stote)	
	21. I certify that (I) (this haspital) attended the deceased fram , 1955, to 5-10, 1967, that (I) (we) last saw the deceased alive an 5-10-1967, and that death occurred at 11 p. M, fram causes and an the date stated abave.					
	226. SIGNATURE  226. PHYSICIAN'S NAME (Type) 2 6 × 12	martin	ATTENDING PHYS.  22d. ADDRESS  22C N		DATE SIGNED 10-1967	
1 -	b. Burial, CREMATION, REMOVAL (Specify) 23b. DATE THEREOU 5-14-196		etery	23d. LOCATION (City or Town) Summer ville, P		
	Topert E. Dailey & Son	Frederick, M.	aryland	BY REGISTRAR 25b. REGISTRAR'S VCLouples		

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplerely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon, papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs afty Page 4 may be retained by the haspital ar attending physician.

18 mg 32 5. 23 ..... Carrie and the contract of the contract Dinte ma . Hotels.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove barbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 4-64

	MAKYLAND STATE DEPA	AKIMENI UF HEAL	IH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
06647	CERTIFICATE	OF DEATH	08633
20031			Little Life builded and Decidence before odni

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Frederick Life	Frederick /01/					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
Frederick Memorial	116 Ice Street YES NO X					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
	on.Sr DEATH May 9 19 67					
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH  9. AGE (In years   IFUNDER1YEAR   IFUNDER24HRS.   Instrument   IFUNDER24HRS.   Instrument   IFUNDER24HRS.   IFU					
Male Negro WIDOWED DIVORCED A	pril 25,1907 60 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	Frederick Co, Md U.S.A.  14. MOTHER'S MAIDEN NAME					
Russell Weedon	Laura Dixon					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	NFORMANT Address Frederick, Md					
(Yes, no, or unkown) (If yes give war or dates of service) No となるながままままままままままままままままままままままままままままままままままま	r rederick, Md					
Ne 法法法法 217-16-2291 日加 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ner L. Dixon, Jr 103 Evergreen Crt					
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
IMMEDIATE CAUSE (a).						
Conditions is any which DUE TO Conditions is any which DUE TO						
gave rise to immediate (b)						
cause (a), stating the DUE TO						
underlying cause last. (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY]						
PARTITUTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	PERFORMED?					
E Conhosis of twee	YES NO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	RRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bidg., etc.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factors while at work at work	y, street, onto bidgi, etc.)					
21. I certify that (I) (this hospital) attended the deceased from	1962, to may 9, 1967, that (1) (we) last					
	death occurred at 6 A M, from the causes and on the date stated above.					
22a. SIGNATURE	22b. DATE SIGNED					
M.D. M.D.	PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR					
226: PHYSICIAN'S	22d. ADDRESS					
NAME (Type) James B. Thomas	Proffessional Bldg, Frederick, Md					
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY						
Burial 5-12-1967 Fairview	Frederick Md					
24. FUNERAL DIRECTOR ADDRESS	25a. REGISTRAR   25b. REGISTRAR'S SIGNATURE					
C.E. Hicks.lll Frederick.Md	MAY 11 1967 Acharles Judge					

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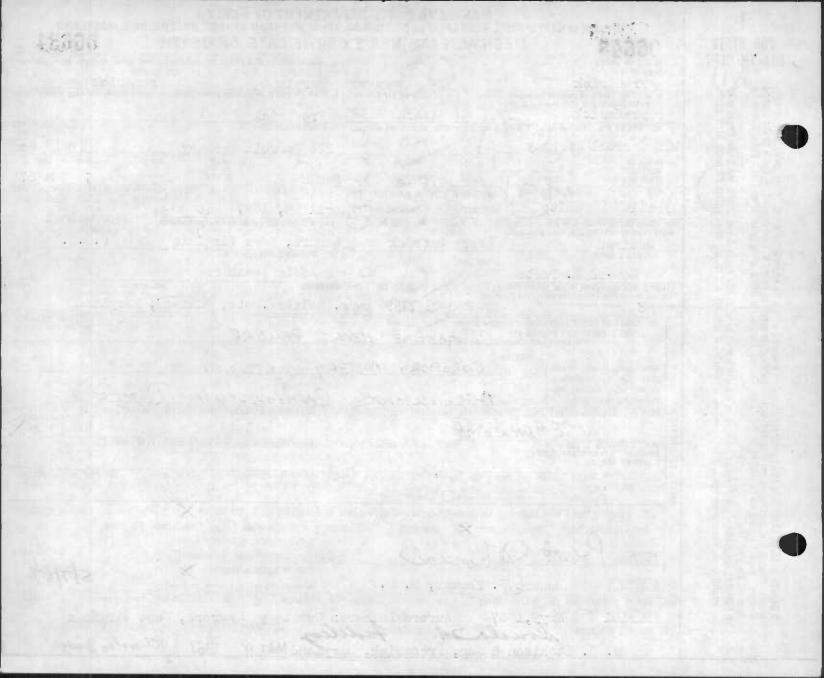
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demen . Thomas All and resource and the Contract to the Contr

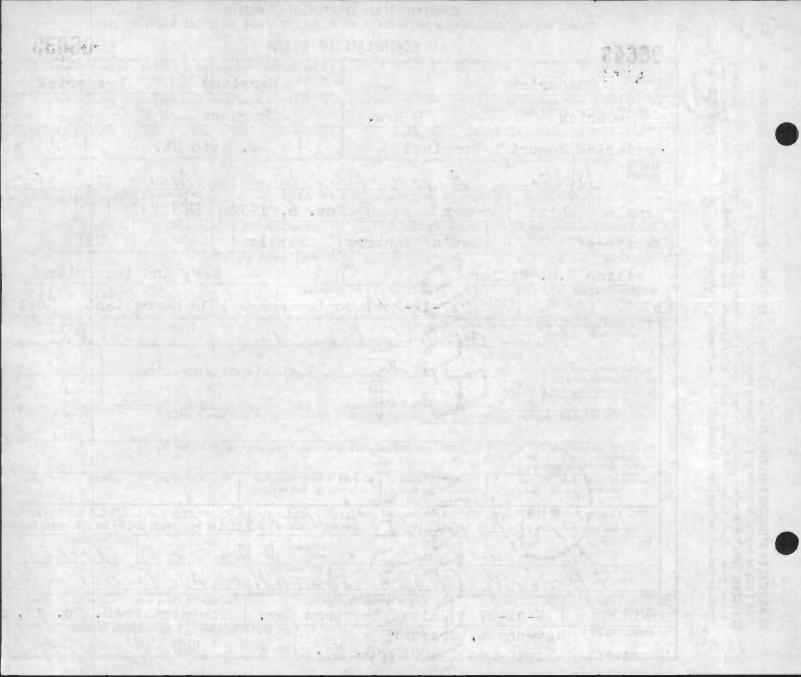
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1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATE	06648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06634
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Frederick  2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. COUNTY MARYLAND Maryland Frederic	
any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be the the State Department in 72 hours after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL	
e fune may partm partm sr dea	Frederick Years Frederick	-/
the form of the fo	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Page Page State hours	228 Carroll Parkway   228 Carroll Parkway   3. NAME OF   First   Middle   Last   4. DATE   Month	YES NO YEAR
my de Mas. Mas.	DECEASED	Day Year 7 19 67
ss 1, 2, 2, 2, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	5. SEX   6. COLOR OR RACE   7 MARRIED   1 NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER )	
th. I form	Female White WIDOWED DIVORCED April 25, 1897 70 yrs.	Days Hours Min.
er dealive Pag with L and cevent	10a. USUAL OCCUPATION (Glve kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12. Cl	TIZEN OF WHAT
fter Give g w g w y ev	Retired Fort Detrick Aurora, West Virginia U	.S.A.
ours after a long a long bages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
4 hour ltem office parties parties and ir	Edward L. Teets Effic Feathers	
offi I, an	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	3
within pencil in miner's permit. removal	No 220 05 7759 Mrs. Walter Teets, Oakland, Maryl	INTERVAL BETWEEN
d wind amin	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CAUSE STUDE HERRY FAILURE	ONSET AND DEATH
cuted g'' in Exa ansit n, or	IMMEDIAL CAUSE (a)	
exe ndin dica al-tr	Conditions, If any, which ) (b) CORONORY ARTERY OCCLUSION	
ild be executed "pending" in standard in serious in a burial-transit cremation, or	gave rise to Immediate ( cause (a), stating the DUE TO	
houl ord hief al, c	underlying cause last. (c) A-Texissclerotte (Adiourscular 1) sease	teo tueo auxopoy
ficate sho the work the Chi the Chi used as to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
to the to	200. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.	YES NO
ALEXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. should be forwarded to the Chief Medical Examiner's Office along with files.  108: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CUNDITION GIVEN IN PART 1(3)  EMPHYSEMA  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.	1.00
R: This cate, writely forward forward a should agent, p		nty) (State)
cate for age	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 Phour a.m. P.m. 19 At work at work at work 2D 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinion
EXA houl iles. OR:	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
2 4 3 8	ACTUAL CHIEF MEDICAL EXAMINER C	22. DATE SIGNED
FY MEDIC execute Page I for you RAL DIRE	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	-1 1:0
EXAL FRAL	EXAMINER'S Robert J. Thomas, M. D. Address (Street, city, town, or county)	5/7/67
O DEPUTY M please exec director. Par retained for TUNERAL I of Health of	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or cou	inty) (State)
of a direction	Burial May9,1967 Aurora Lutheran Cemetery Aurora, West Virg	
	24. FUNERAL DIRECTOR AVISABLE ADDRESS Fadelley 25a. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	SIGNATURE
VR A15ME 3500 4-64	M. R. Etchison & Son, Frederick, Maryland MAY 9 1967 formulas	Jung



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06643 requires that the death certificate be executed within 24 hours ofter death. by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) pud PLACE OF DEATH b. COUNTY o. STATE o. COUNTY Maryland Frederick Frederick MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate limits. write RURAL and give nearest town) Thurmont hrs. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS W. Main St. Frederick Memorial Hospital NO X YES 4. DATE Month Year noq. NAME OF First letely f arbon DECEASED C DEATH (Type or print) 9. AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED 7. MARRIED com birthdoy) Months Haurs 6. 1902 White Nov. Female WIDOWED DIVORCED any and 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done Seams tress COMMERAS lease physician nen please factory Marylan d and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Mary Ann Igenfritz Milton V.B. Miller Address Sunny Vale 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service) permit. 217-12-2867 Doris Lahaye 1536 Murre 0 Lane signed by the ofter burial-tronsit perm burial, cremation, o INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending os the priar to has been last. 2em 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION detached for use te Dept, of Health NO certificote 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year TO FUNERAL DIRECTOR: After this director, page 3 shauld be detacted should be filed with the State Dep foctory, street, office bldg., etc.) Hour o.m. Nat While While ot work of work 21. I certify that (1) (this hospital) attended the deceased fram (1) un 1967 ta/1/an 20 19 6 7, and that death occurred at 3 30A M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE PHYS. M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 23a. BURIAL CREMATION Bur Specify) Thurmont Fred. Co. United Brethren Cem. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Raymond E. Creams 24. FUNERAL DIRECTOR VR A15 (4) Thurmont, Md. DATE JU 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

W	3.		06650	CERTIFICATE	OF DEATH	D	6636
er deal	Tuneral 1 and 2 er death.		LACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary.	deceosed lived, if institution: Residence b. COUNTY	e before odmission
urs aft	Pages Pages urs aft		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 24 hrs	c. CITY OR TOWN (If Outside of	corporate limits, write RURAL and give	
24	ban papers.		NAME OF HOSPITAL OR INSTITUTION (If not in Trederick Mem	. Haspital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
× ×	dwe carban yever with		IAME OF First JECEASED Type or print)  First	& Thomas F	isher i	DATE Month OF DEATH  19. AGE (In years   IF/UNDER)	Doy Year  8 19 67 YEAR OF UNDER 24 HRS.
	and camp remaye in anyleve		male white	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH  CUG. 17 1886  11. BRTHPLACE (County & Stot	lost birthdoy) Months  So yrs.	Doys Hours Min.
ate be	physician ar nen please r ioval, and in	duri	USUÁL OCCUPATION (Give kind of work done of working life, even if retired)  FATHER'S NAME	INDUSTRY Sarming	Marylan  14. MOTHER'S MAJDEN NAME		UNTRY? U.S.a
n certific	phy ove		Martin Dhoma WAS DECEASED EVER IN U.S. ARMED FORCES?	Juster 16. SOCIAL SECURITY NO. 17.	Elizabe	th Viers	
e death	attending permit. The		, no, or unknown) (If yes give wor or dates of ser	rvice) 217-36-9019 M	rs. Catherine	Lovell new ?	Vindesc M
	by the affi transit perr crematian,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	SHOCK			ONSET AND DEATH
requires g physic	signed burial-t a burial,		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse	PERITONITIS RUPTUREI) COL	( Cum	20 1/2/2/2	(A.)
he law attendin	e as the priarta	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTI				19. WAS AUTOPSY PERFORMED?
ICIAN: T	titicate ha d far use af Health	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 18.)	YES NO
3 PHYSI the has	tache Dept.	MEDICAL (	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19		CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town) (Cou	unty) (State)
ENDING ned by	<b>R:</b> After thund be de the State	P	p.iii.	all attended the deceased from	5/6/67 , 19 t deoth accurred ot 5	to 5/8/67, 19 M, from causes ond on the	, that (*) (we) la
OR ATT	DIRECTOR: ye 3 shaule led with the		220. SIGNATURA Custin	Rearce, Jr. M.			ATE SIGNED
	P pd e fi		22c. PHYSICIAN'S NAME (Type)	No. WING OF CONTROL OF	22d. ADDRESS	ACCATION (Ch T)	(6,)
TO HO Page	director, shauld t		BURIAL, CREMATION, REMOVAL (Specify) 5/1/	DF 23c. NAME OF CEMETERY OR  ADDRESS	CREMATORY 2 250. REC'D BY 1	Beallwille ?	(County) (State)  Monty, Md IGNATURE
	R A15 (4)	10	onstance C. Ste	Con Barnesvill	may DATE MAY	1 2 1967 Yelis	ver Judge.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06651 FALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution Planders before on Kesion) o COUNTY Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest-town) b. CITY OR TOWN (If outside carparate limits, write RURAL TOWN) c. LENGTH OF STAY IN 1b ate Depart d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)

Residence d STREET ADDRESS irginia Avenue ON A FARM? 00 e, writing the word "pending" in pencil in Item 18. Give Pages 1, farworded to the Chief Medical Examiner's Office along with farm NO T Give Pages 4. DATE Month STANLEY Middle Year JOHN OF DECEASED 196 DEATH (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS In veors SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Manths birthdoy) Male deoth. WIDOWED 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR (State or foreign country) COUNTRY . during hes not on the milet even if retired) INDUSTRY pencil in 13. FATHER'S NAME Ruth John Stanley Foster File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 1900 unknown) (If yes give wor ar dotes of service) 219-20-197 17 June Foster Mohler Wew York City event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per tige for (a), (b), and (c). ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE writing the word Canditians, if ony, which gave rise ta immediate cause (a), DUE TO Ď. stating the underlying cause and PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) or remayol, PERFORMED? the certificate, pe 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS 3 should PRIMARY Or CONTRIBUTING 4 should 20e. PLACE OF INJURY (Hame, farm, 20f. (State) (City or town) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Hour om. DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autapsv [7]. Inquiry , and in my apinian Inspection | |. Undetermined manner Accident 1 Suicide Hamicide death resulted from: Natural Causes CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE may be re Health prior DEPUTY MEDICAL EXAMINER NAME (Type) Robert omas Address (Street, city, town, or county)

23c. NAME OF CEMETERY OR CREMATORY

VR A15ME (5)

0

the

FUNERAL DIRECTOR

23o. BURIAL CREMATION.

Buria

REMOVAL (Specify)

Brunswick BarkMHeights 2Sb. REGISTRAR'S SIGNATURE Maryland

23d. LOCATION (City or Town)

Control of The state of the and of the delication of a trade matrice Establishment Allerman 19 THE PASSED THE PARK OF THE STATE OF THE STAT 21 12517 published the state of the stat

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

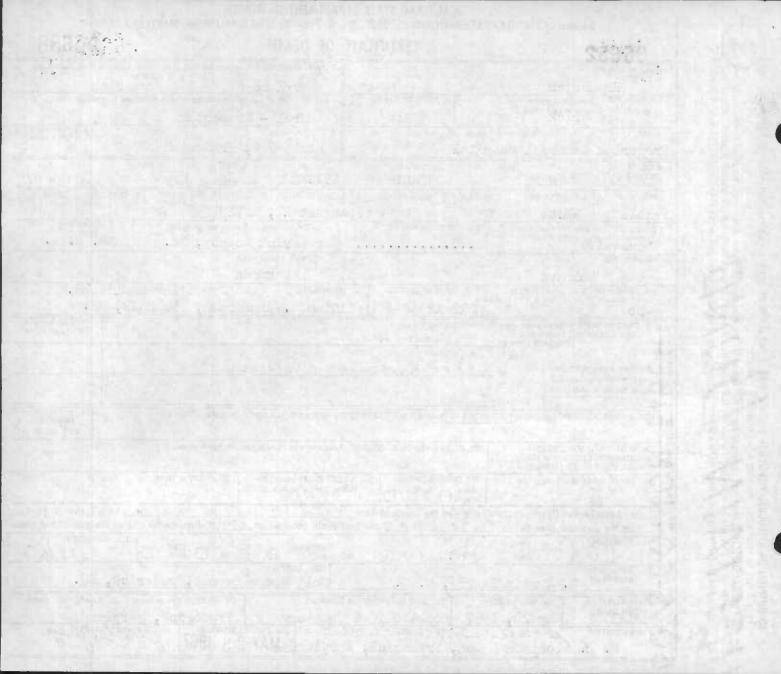
06652		CERTIFICAT	E OF DEATH		25633	
PLACE OF DEATH     O. COUNTY			2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUNT		
Frederick		MARYLAND	Maryland	derick		
b. CITY OR TOWN (If outside corp	orate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside carparate limits, write RURA	L and give nearest tawn)	
write RURAL and give pearest	idwii)	8 Weeks	Rural -	Frederick	101	
d. NAME OF HOSPITAL OR INSTITU	TION (If not in haspite	al, give street oddress)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM?	
Frederick Memor:	Lal Hospit	al.	Route # 2	2, Frederick	YES NO	
3. NAME OF DECEASED (Type or print)	First	Middle CORNELIA	Lost GEISBERT	4. DATE Month OF DEATH May	Doy Year 20 19 67	
S. SEX 6. COLOR OF	RACE 7. MARRI	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 H	
Female White	WIDOW	DIVORCED	August 12, 1	L871 (ast birthdoy) yrs.	Manths Doys Hours M	
100. USUAL OCCUPATION (Give kind of during most of working life, even if reting the seven is seven in the seven	red)	KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country) County, Md.	12. CITIZEN OF WHAT COUNTRY 3. A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Unknown	Unknown			OWIL		
15. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unknown) (If yes give wo	D FORCES?	00=0	INFORMANT  lliam A. Zin		seslie Rd. ulk, Md.	
PART I. DEATH WAS CAUSE IMMEDI  33 4 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO	a REMIA	ar Bide	2 A	ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM	EATH	DESCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in	Part I ar Part II af item 1B.)		
20c. TIME OF INJURY Month, Do Hour o.m.	1		ACE OF INJURY (Hame, form ctory, street, affice bldg., etc.)		(Caunty) (State	
21. I certify that (I) saw the deceased ali 220. SIGNATURE  22c. PHYSICIAN'S	21. I certify that (I) (this hospital) attended the deceased fram March 27, 19 7, ta May 20, 19 67, that (I) (we) last saw the deceased alive an May 20, and that death accurred at 832 M, fram causes and an the date stated abave.  220. SIGNATURE  M.D. PHYS. DIRECTOR DIRECTO					
DEMOVAL /Speciful	DATE THEREOF		Cemetery	23d. LOCATION (City or Town		
24. FUNERAL DIRECTOR	var P	ADDRESS TELL	eles 250. REC'I	BY REGISTRAR 2Sb, R&Q	MSTRAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be defached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



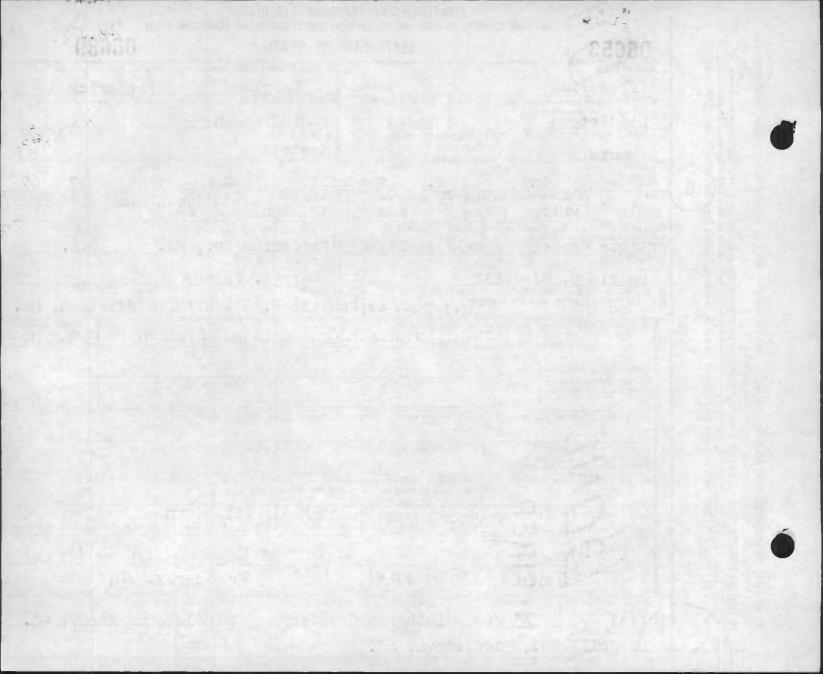
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06653	CERTIFICATE	OF DEATH		06639
1. PLACE OF DEATH 0. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (V	h COII	tion: Residence before odmission) NTY rederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside corporote limits, write RU	
Middletown	years	Middle	town	l e IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d STREET ADDRESS Route 2		ON A FARM?  YES NO X
Route 2	Middle	Lost	4 DATE Mon	
DECEASED (Type or print) Guy	F. Gladh		OF DEATH 5	27 1967
S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
male white widowed	DIVORCED	3/3/1901	lost birthdoy) 60 yrs.	Months Doys Hours Min.
during most of working life even if retired)	ind of Business or industry from ployed		& Stote, or foreign country)  k Co., Md.	12 CITIZEN OF WHAT COUNTRY?
(Ver no as untimous) ((6 use sing uses as detectof conico)		Mary E.	Addr	
no 2		uline H.	Gladhill, M:	iddletown, Md.
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  (c)	es: Timel ce	e comina	new of init	INTERVAL BETWEEN 3 OUSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in	Port I or Port II of item 18.)	
Hour o.m. 19 While p.m. 19 of wor	Not While of work	E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
21. I certify that (I) (this haspital) atten	ded the deceased fram_{2}	death accurred at	5 P.M. fram causes	2, 19_67 that (I) (we) last and an the date stated above
220. SIGNATURE Secondar	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5-2)-67
22c. PHYSICIAN'S JOSEPH SE	CONDARI	22d. ADDRESS	BOONSBORS	Md

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremotion, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.



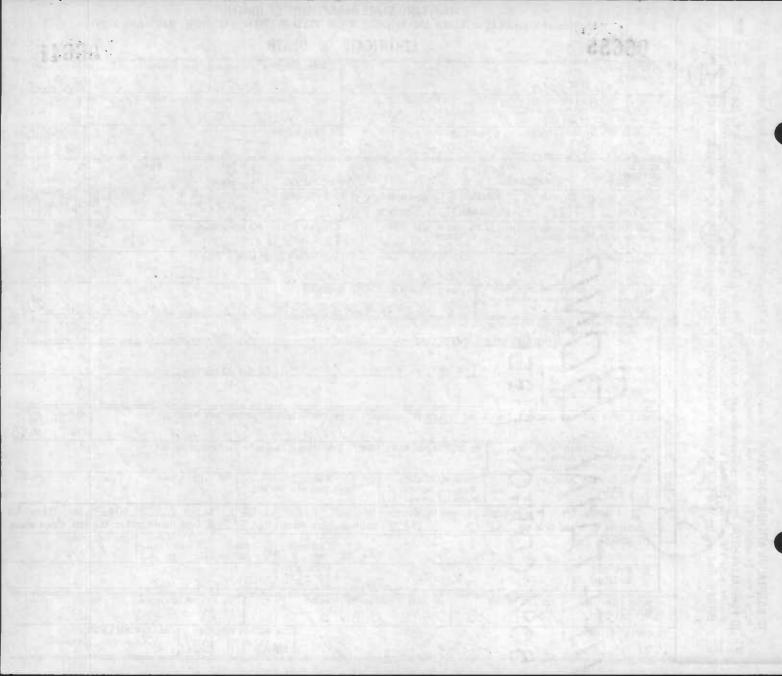
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY 古い声 Frederick Mar vland Frederick MARYLAND pu de de b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 write RURAL end give neerest town) 2 Thurmont Thurmont-- rural vrs. rural filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS papers. Pag in 72 hours ON A FARM? Home RD Own YES NO. 3. NAME OF Day First 4. DATE Month Year Middle Last comple DECEASED OF and comp carbon pe nt, within (Type or print) CHARLES HALLER DEATH May: 31 67 5. SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS Last birthdey) Months 4-10-1896 male WIDOWED | DIVORCED T physician certifical 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired)
Bar Tender USA Marvlan d Restaurand please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Margaret V. Lease Arthur N. Haller Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give warpt dates of service) Thurmont, Md. RD 1 Lillie M. Haller Yas permit. physician. þ INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] law requires ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: been signed the burial-transit burial, cremation, cremation, IMMEDIATE CAUSE (e) DUE TO attending Conditions, if eny, which gave rise to immediate cause has **DUE TO** (e), stating the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY as o CERTIFICATION PERFORMED? use prior YES NO K for 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of item 18.) DIRECTOR: After this should be detached for Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) Month, Dey, Yeer retained ō factory, street, office bldg., etc.) While Not While Hour a.m. Dept. et work et work saw the deceased alive on fally 22b. DATE 22a. SIGNATURE SIGNED MED. STAFF death. Page 4 with th DIRECTOR PHYS. HOSPITAL PHYS. IN 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v Thurmont. Md. Thomas A. Love 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF (Stete) D. g. Z BEMOVAL (Specity) 6-3-67 Mt. Olivet Cemetery Frederick. Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Hopre Greager Raymond Thurmont. VR A15 (4) DATE 20M 5-63

No man to the term Comme Septions and I Legitze! Calling To K . St Smith 184 HARRIST THE STREET HARMET HELE WITH MENELL TO JOURNAL OF THE STATE . The E-a - The E-The second of the second of th

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	director, page 3 should be detached for use os the burial-tronsit permit. Then please, remove corbon papers. Pages had	-should be filed with the State Dept. of Health prior to burial, cremation, or remayol, and imply event, within 72 hours after Ceath.
the death		e attending	permit. T	ition, or ren
that	ion.	by th	tronsit	crema
equires	physici	signed	burial-	burial,
a law r	tending	is been	os the	prior to
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PHYSICIA	Page 4 moy be retained by the haspital or attending physicion.	iis certific	tached fo	Jept. of H
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ATTE	retaine	CTOR	shoul	with th
N OR	y be	L DIR	oge 3	filed \
SPITA	4 mo	NERAL	tor, p	ad blu
TO HC	Page	TO FU	direc	Shot

VR A15 (4) 20 M 1/66

	06655	CERTIFICATE	OF DEATH		06641
	PLACE OF DEATH			there deceased lived, if institution	
	O. COUNTY FREDERICK	MARYLAND	O. STATE MAR	YLAND b. COUNTY	FAEDERICK
	b. CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corparote limits, write RURAL	and give nearest tawn)
	write RURAL and give nearest tawn) FREDERICA	3 DAYS	LIBER	TYTOWN	10.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tol, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	MEMORIAL HOST	PITAL			YES NO
	NAME OF First	Middle	Lost	4. DATE Month OF Man.	Doy Year
	(Type or print) HAROLD		MMON'D	DEATH MAY	/7, 1967 IF UNDER 1 YEAR 1 IF UNDER 24 HR5.
5.	SEX 6. COLOR OR RACE 7. MARR	NEVER MARRIED B	DATE OF BIRTH		IF UNDER 1 YEAR' 1F UNDER 24 HR5.  Months Days Hours Min.
	M WIDOV		ULY 3-18	92 74 yrs.	
	o. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
uur	SUPT	CCC CAMP	MARY	LAND	45A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	DR ROBERT L HI	AMMOND	FAINNIE	GILBERT	
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17. IN	FORMANT	Address	
(Y)	es, no, or unknown) (If yes give wor or dotes of service)	220-16-2869 NI	NA HAMM	OND LIRERT	YTOWN MD
-	1B. CAUSE OF DEATH (Enter only one couse per line	127	111 11111111111111111111111111111111111	VI. D. FILLETT	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	PREBRAL THROM	Ansie T	L. heminaresis	ONSET AND DEATH
		FREISIRAL CITICIA	001/3	K. V. Cooligian (31)	- Jacqs
	DUE TO	Carania	An-anima	00.010	
	Conditions, if ony, which gove (b)	SENERALIZED	MATERIOSEL.	E120315	
	stoting the underlying cause DUE TO				
	last. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	DIABETES MELLI	17119 - 3 Brow	chodenic	Carcinoma	YES NO
E	20o. ACCIDENT WAS UNDERLYING ☐ 20	b. DESCRIBE HOW INJURY OCCURRED. (		Port I or Port II of item 18.)	
CERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	,	Od. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	n, 20f. (City or tawn)	(County) (Stote)
MED	Hour a.m.		ory, street, affice bldg., etc.)		
	21. I certify that (I) (this haspital) at		5 /14 1	1967 to 5/17	, 1960, that/(1) (we) la
	saw the deceased alive an	1967 and that	death occurred at		nd an the date stated abov
	22a. SIGNATURE	7 7, 010 110	404111 00001104 41		22b. DATE SIGNED
	Culin 1 P 100	M.D. M.D.	ATTENDING D	MED. STAFF DIRECTOR PHYS.	5/17/67
	22c. PHYSICIAN'S	Jan Jan	22d. ADDRESS	7,110	
	NAME (Type) RICHARD	C. REYNALDS	FREDE	FRICK ML	
22	o. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town	n) (County) (State)
23	REMOVAL (Specify)	317 MT OIL	and the same	FREDERICH	mD
0	4. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b. REGI	ISTRAR'S SIGNATURE
2	NIN Street Pres & Suns I	il the	DMAY	1 9 1967 400	carles Judges
9 1	CITY PRINCE IN THE TOTAL STATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( ) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	1 11 11 11 17	- // //



MARYLAND STATE DEPARTMENT OF HEALTH

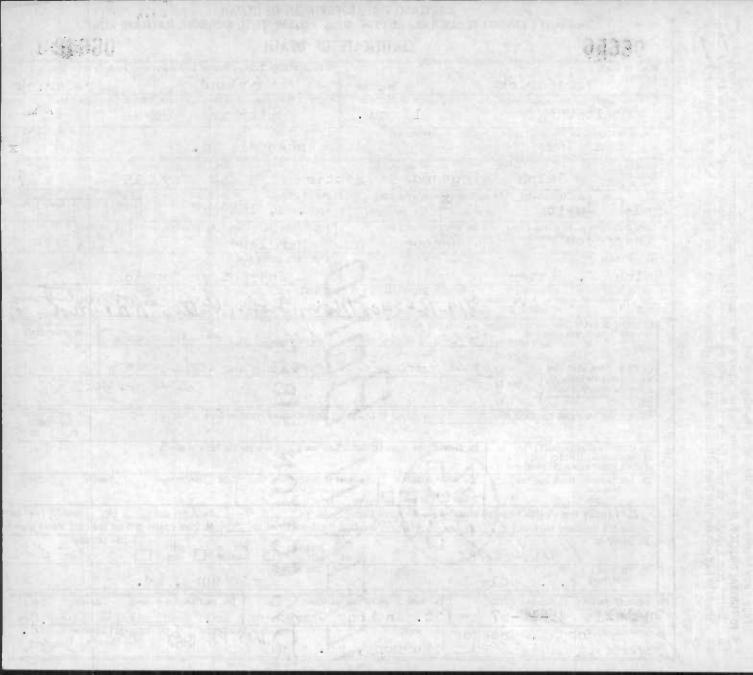
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20040

76690		CERTIFICATE	OF DEATH		Uob42
1. PLACE OF DEATH					tution: Residence before odmission)
o. COUNTY Fre	derick	MARYLAND		yland	Frederick
b. CITY OR TOWN (If outside of write-RIJRAL and give neo	corporote limits,	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
	0	15 yrs.		sburg ru	ral //
d. NAME OF HOSPITAL OR INS		oital, give street address)	d. STREET ADDRESS Annande	le Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	alph First	Middle Leonard Hat	lost	4. DATE MO MO DEATH MAY	Doy Year 15 19 67
s. SEX 6. COLOR whi	R OR RACE 7. MAR WIDO		Jan. 1, 1	9. AGE (In years 40st birthdoy) yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind during mast of workingthing even if		ob. KIND OF BUSINESS OR FINDUSTRY FIGCEORY	11. BIRTHPLACE (County  Mar vla	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		
Ralph J. H.	atter		Jose	phine Hor	nick , a
15. WAS DECEASED EVER IN U.S. AF (Yes, no, or unknown) (If yes give	RMED FORCES? e wor or dates of service)	I I A	NEORMANT Vary Bros	Ad Ad	5 mmitsturg
Conditions, if ony, which go rise to immediate couse (a stating the underlying coulast.  PART II. OTHER SIGNIFICANT	o), se DUE TO (c)	TING TO DEATH BUT NOT RELATED TO T		DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
CATIO					PERFORMED? YES NO
(IF EITHER, NUTIFI MEDICALE)	OF DEATH	05. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in I	Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month	,,		E OF INJURY (Home, farm ory, street, office bldg., etc.)		(County) (Stote)
p.1114					
21. I certify that (		ittended the deceased fram 1967, and that	death occurred of	M, from couse	
		ittended the deceased fram 1967, and that	death occurred of		s ond an the date stated above  22b. DATE SIGNED  3-13-67
saw the deceased	alive an Aff	1967, and that	ATTENDING PHYS.	MED. STAFF	sond an the date stated above 22b. DATE SIGNED
saw the deceased  220. SIGNATURE  22c. PHYSICIAN'S NAME (Type) W.  230. BURIAL, CREMATION,	alive an Aff	1967, and that	ATTENDING PHYS.  22d. ADDRESS Emm	MED. STAFF PHYS.  Litsburg, M  23d. LOCATION (City or	s ond an the date stated above

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician, filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carpan shauld be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, with

hours after ded

VR A15 (4) 20 M 1/66



# FOR STATE / HEALTH DEPT.

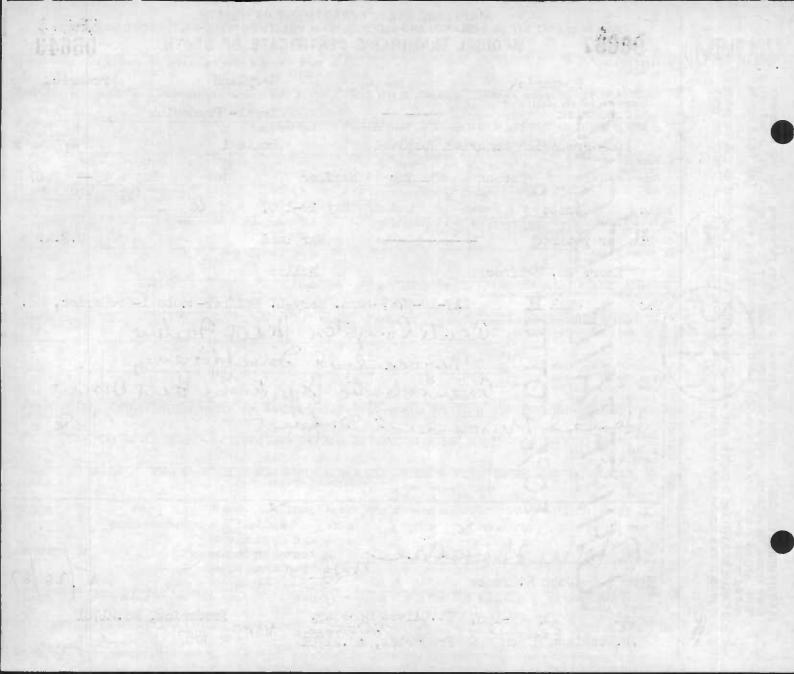
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages T and 2 with the State Department in Any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burial, cremation, or removal, and TO DEPUTY MEDI.

> VR AISME (5) 5M 1/65

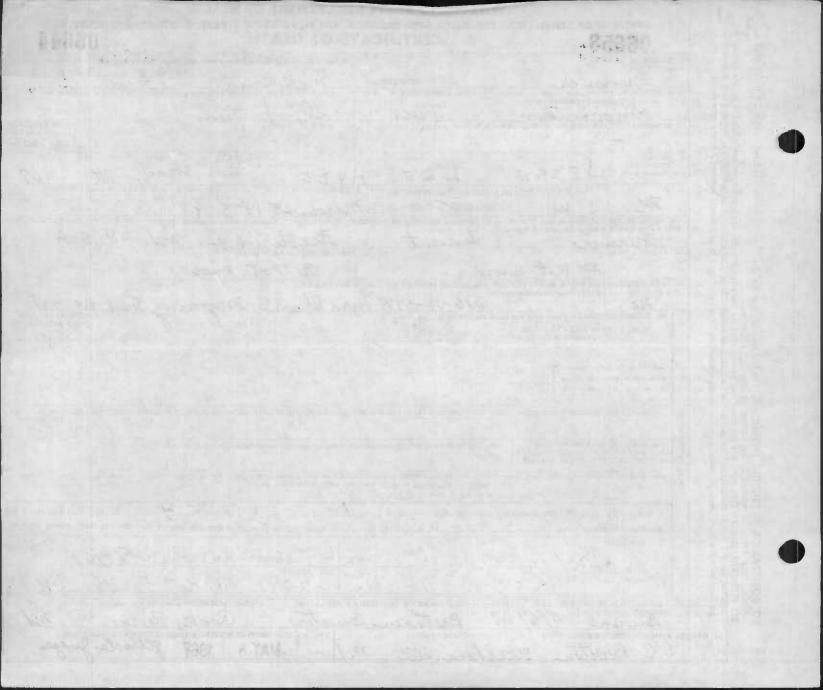
## MARYLAND STATE DEPARTMENT OF HEALTH L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Division of STAT	ISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
06657	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	06643

	PLACE OF DEAT     a. COUNTY	Н				NCE (Where deceased lived, I	If institution: Res COUNTY	ildence before admis	ssion)
		Frederick		MARYLANO	a. STATE	ryland	Fr	ederick	
j	b. CITY OR TOW	N (If outside corpora and give nearest tow		c. LENGTH OF STAY IN 1	c. CITY OR TOWN (	If outside corporate limit	s, write RURAL e	ind give nearest t	own)
1		erick	(11)		Ru	ral- Frederic	ck	100/	
1	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in h	ospital, give street addres	d. STREET AOORES	S		e. IS RESIDE	ENCE
1	DOA-	Frederick	Memoria	al Hospital	Ro	oute 1		YES NO	O C
1	3. NAME OF DECEASED	FI	rst	Middle	Last	4. DATE N	Month	Day Year	
	(Type or print)	No	rman	William	Heffner	DEATH	- U	5 19 67	
	5. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	Anna Anna	YEAR IFUNDER 24	4 HRS. Min.
	Male	White	WIOOWED	OIVORCEO	May 19-1907		rs.	leys   nours   i	min.
	1Da. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CIT	IZEN OF WHAT	
)		retired		10031K1	Maryland		000	U.S.A.	
	13. FATHER'S NAM	E			14. MOTHER'S MA	IDEN NAME			
	Emo	ry Wm. Heff	her		Mollie				
	15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO.   17	7. INFORMANT	A	ddress		
	(Yes, no, or unkown)	(If yes give war or dates o		17-10-9727 M	rs. Mary I.	Heffner-Route	e 1-Fred	erick. Mo	d.
				ine for (a), (b), and (c).]	A ! IA	^ A		INTERVAL BETWEE	
		EATH WAS CAUSED BY	: (1.0	ute Cova	extine de	AIT day	ine	ONSET AND OEA	ATH
	4-20	/ IMMEDIATE CAUSE	^	1	100	11.			
	Conditions, If	OUE env. which \		Myscard	ial In	sufficier	-Ch		
	gave rise to	Immediate (	(b)	0 0	- 11	1 0.0 11	0	\$	
1	ceuse (a), s underlying ceus		wit	temoclerol	re-Busers	tensive loca	IT BY	Hazl	
			ONS CONTRIBL	ITING TO CEATH BUT NOT RE	LATED TO THE TRMINA	OISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTO	
1	PARTIL OTHERS  206. EXTERNA PRIMARY OF CAUSE OF DEAT	led M	1900	adial "	Dufair			YES NO	
	20e. EXTERNA PRIMARY OF	L CAUSE WAS CONTRIBUTING []	20b. I	DESCRIBE HOW INJURY OC	CURREO. Whiter nature	of injury in Pert I or Part	Il of Itam 18.)		
			V   00d	MILION OCCUPANT LOSS P	ACC OF INITIDY (Hame	farm, 20f. (City or tow	(Coun	ity) (Stat	+0\
	20c. TIME OF Hour a.i	INJURY Month, Day,	While	fai	LACE OF INJURY (Home, ctory, street, office bidg.		11) (00011	(310)	10)
	p.	m. 19	at worl						_
	21. I certify	y that i took charge	e of the rem	nains described above, l	held an Autopsy	Inspection .	Inquiry,	and in my opi	inion
	death result	ed from: Natural	causes 🔀	Accident .	Sulcide 🔲, Homi	cide, Undeterm	ined manner		
		0	10	. 0		AL EXAMINER		00 0175 010	m=0
	ACTUAL SIGNATURE	Muct	1.00	esse	IVI , D ,	EOICAL EXAMINER		22. DATE SIG	MEU
	EXAMINER'S	John H.	Medica	C	DEPUTY MED	ICAL EXAMINER		5/2/1	60
2	NAME (Type)					et, city, town, or county)		4 6	1
	23a. BURIAL, CREM REMOVAL (Sp			23c. NAME OF CEMETE		23d. LOCATION (CI			e)
	Burial	May 29	-1967	Mt.Olivet Ce		Frederic	RECISTRADIS	COL	
	24. FUNERAL OIRE	chison & So	of T.	Frederick M	2.27707	AY 29 1967	J. RECISTRAR'S	a O	
	Maltalio	CHITACH OF DC	/11	Frederick, M	COL DATE		1 my	y Judge	2



RTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete timits, write RURAL c. LENGTH OF STAY IN 1b pearest town þ write BURAL and give nearest town) 5-Pages filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARM? completely YES [ NO 4 Month 3. NAME OF First Middla 4. DATE Day Year DECEASED OF DEATH (Type or print) 1967 6. COLOR OR RACE | 7, MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH NEVER MARRIED last birthday Ca Months certificate WIDOWED I DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? é done during most of working life, even if retired) Farmer please = 13. FATHER'S NAME ding Then oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yas, no, or unkown) | (If yes give wer or dates of service) permit. e burial-fransit permitrial, cremit INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gava rise to immadiate cause DUE TO (e), steting the underlying ceusa last. hospital or certificate I (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use as 0 CERTIFICATION PERFORMED? prior YES | NO T 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of itam 18.) detached for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After ! (Stete) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) factory, street, office bldg., atc.) Whila Not Whila Hour a.m. DIRECTOR: at work at work p.m. State 19.6. I, and that death occurred at B.A.M. from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE SIGNED death. Page 4
TO FUNERAL
director, par DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME "(Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMQVAL (Spacify) 25a. REC'D BY REGISTRAR 725b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) 20M S-63



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0665	3		CERTIFIC	CATE	OF DEATH		0	6645		
	COUNTY Fre	ederick		MARYLA	AND	2. USUAL RESIDENCE (W		eosed lived, if institut db. COUI	ion: Residence	before odmi deric	ssian) k
	O. CITY OR TOWN (III	outside corporote limits,		3 weeks	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Middletown					
		k Memorial				d. STREET ADDRESS North Church St.				SIDENCE FARM?	
	NAME OF DECEASED Type or print)	Anna First		C <sup>Middle</sup>	I	fert	4. DATE OF DEAT	May	h	23	<sup>y</sup> 67
	'emale	White	ARRIED [	NEVER MARRIED DIVORCED		ug. 30, 19	13	9. AGE (In years 5 dast birthdoy) yrs.		EAR IF UNI	S Min.
	USUAL OCCUPATION	(Give kind of work done re, even if retired)		O OF BUSINESS OR		Pennsylva				EN OF WHAT	
	13. FATHER'S NAME William R. Crum  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17					Mary Sus		eisinge			
1S. (Ye	WAS DECEASED EVER	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	16. SC 214	CIAL SECURITY NO.		e R.Ifert	M	iddleto		aryla	nd
		couse (o),	line for (a		ea ea	a of c	الم	terio		INTERVAL E	
MEDICAL CERTIFICATION		ENIFICANT CONDITIONS CONTRI				HE TERMINAL DISEASE CON				19. WAS AI PERFOI YES	TOPSY RMED? NO
IL CERTIF	20o. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)									
MEDIC/	20c. TIME OF INJU Hour o.m p.m	10	20d. INJ While at work	Not While		E OF INJURY (Hame, farm ry, street, office bldg., etc.)		. (City ar tawn)	(Caun	Υ)	(State)
		y that (1) (this hospital sceased olive on 5		ed the deceased fr 19 6 7, and AMAZO	am 1/ nd that M.D	death occurred of	MED. DIRECTOR	M, from couses		dote stot	(we) last ed obove.
	BURIAL, CREMATION REMOVAL (Specify)		67	23c. NAME OF CEMETE Lutheran				LOCATION (City or To .ddletown	a Fi	ounty)	(Stote) Md.
24 G	funeral director ladhill		Mi	ddletown	, M	d . 254 RECU	BY REGIS	1967 25bg P	OISTRAR'S SIG	NAMURE	٤.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, or remayal, and ipcany event, within 72 hours after death. VR A15 (4) 20 M 1/66

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ALIKE BILL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and pompistely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event within 72 hours after death.

DIVISION

OF STATISTICAL	MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANG CERTIFICATE OF DEATH 06646
	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before

	06660	CERTIFICATI	E OF DEATH	1		0664	16
3	PLACE OF DEATH a. CDUNTY Frederick	MARYLAND	a. STATE Mar	yland	b. COUNT	Frede	
	b. CITY DR TDWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (II		orate limits, write	RURAL and	give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Frederick Memorial Ho		d. STREET ADDRESS		Street		e. IS RESIDENCE ON A FARM? YES NO
	NAME DF First DECEASED (Type or print)  ALPHONSO	Middle Jnc	Last	4. DATE DF DEATH	Month	Da 9	ay Year 1967
5.	sex 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED X 8	B. DATE OF BIRTH	04 62	AGE (In years III Jast birthday) W	FUNDER 1 YEA Ionths   Days	Hours Min.
10a. duri	USUAL OCCUPATION (Give kind of work done 1 1Db. King most of working life, even if retired) R. R. INC	ID OF BUSINESS OR DUSTRY	Maryland		or foreign country)	U.S.	RY7
13.	FATHER'S NAME		14. MOTHER'S MAI	DEN NAME			
	Lemuel Lee Jackson		Clara I	Jouisa	Rankins	3	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S	DCIAL SECURITY NO.   17.	INFORMANT		Address		
(Yes	, no, or unkown) (If yes give war or dates of service)		ames W. Ja	ckson	Brunsv	vick, M	ld.
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), end (c).]					TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: 500	DURAL HE	MATOMA -	BILATE	PAL		NSET AND DEATH
	2.21X	000.12	77770				
	Conditions, If any, which \						
	gave rise to immediate						
	cause (a), stating the DUE TO						
2	underlying cause last. (c)	INO TO DEATH OUT HOT DELA	TED TO THE TED MINES	DIOFACTOOND	ITION CIVEN IN D	ADT1(a)  10	9. WAS AUTOPSY
			TED TO THE TERMINAL	DISEASE COND	LITON GIACH IN LA		PERFORMED?
2		ARY EMBOLI					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   2Db. DE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter neture o	of Injury in Par	t I or Part II of	Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour a.m. p.m. 19 while at work	- Not while	CE DF INJURY (Home, i ry, street, office bldg.,	farm, 20f. (0 etc.)	Olty or town)	(County)	(State)
2	21. I certify that (1) (this hospital) attended		5/	19 6.7, to	5/4	1967	that ((1)) (we) last
		10 / and that	t death occurred at		m the causes a	-, ,	The state of the s
-	saw the deceased alive Dn	allu tilat	death boduited at	141, 1101		22b. DATE	
		P.D	ATTENDING	MED.	STAFF	5/10	110
	22c. PHYSICIAN'S Richard C. Rev	molds, M.D.	D. PHYS. L. 22d. ADDRESS	DIRECTOR	PHYS.	-/-	10/
	NAME (Type)	moras, m.D.	0 - 1	TT	A 177-		-1- 1/12
23a.	BURIAL SREMATION, 235, DATE THEREOF	33ct NAME OF SEMETERY	BOL TOLL	House Frant Lor			and (State)
				TOUR BY THE	TDAD OF SE	NOTE ADIO OF	CNATURE
24,	FUNERAL DIRECTOR	Brunswick, M	25a. RI	EC'D BY REGIS	0.00	GISTRAR'S SI	A
	rete tunceal Asuce	1 2 0 2 2 9 31	DATEM	AY 19	1967 40	varies	Joseph

VR A15 (4) 15M 4-64

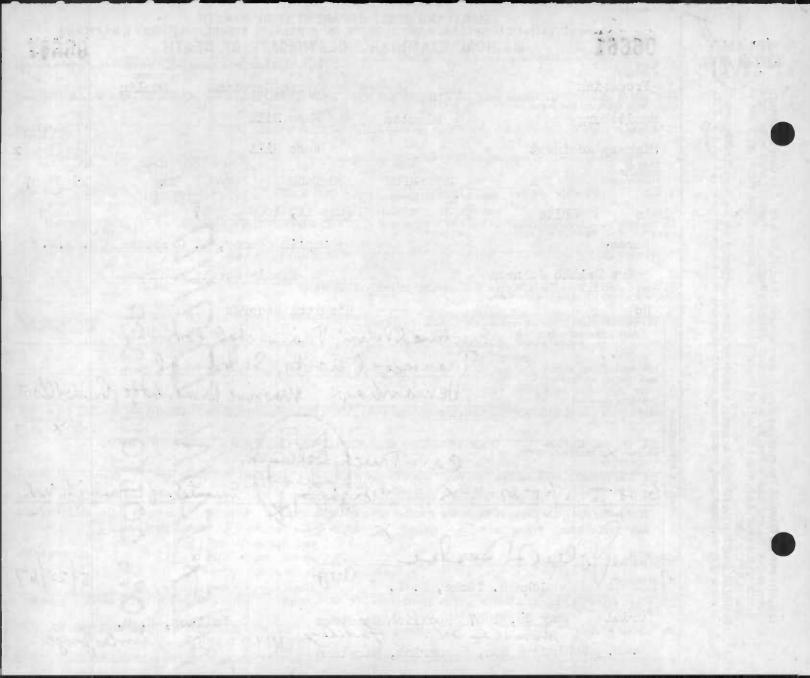
- NAY 1 2 SET - CT -- 5 1 TAN

## FOR STATE HEALTH DEPT.

TO DEPUTY MEDIA. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Oppartment of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

	MAKT	LAND STAIL DE	PAKIMENI UF	MEALIN	
Division of STA	TISTICAL RESEA	RCH AND RECORD	S. 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
06661			CERTIFICATE		06647

1.	PLACE OF DEATH	Н				2. USUAL RESIDEN	ICE (Where				before ad	mission)
	Frederi	ale		MARYLA	EIO.	a. STATE North Ca	ironn		Dunli			
	b. CITY OR TOW	N (If outside corporation and give nearest tow	e limits,	c. LENGTH OF STAY II		c. CITY OR TOWN (					o neares	t town)
	Emmitsbu		,	Minutes		Rose Hi	11				13	
			N (if not In h	ospital, give street add	ress)	d. STREET ADORESS					ON A F	OENCE
	Highway	Accident				Rose Hi	11				YES 🗌	NO 🕏
3.	NAME OF DECEASED	FI	rst	Middle		Last	4. D/	TE	Month	Day	Yea	r
	(Type or print)	IRA		JEFFERSON		JOHNSON	DE		ay	21		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	3	. DATE OF BIRTH		9. AGE (In		UNOER 1 YEAR	Hours	24 HRS.
1	iale	White	WIOOWED	DIVORCED	J	une 11, 190	09	1 57	yrs.	mus Days	Hone	taster.
10a	. USUAL OCCUPAT	ION (Give kind of work	done   1Db. F	IND OF BUSINESS OR		11. BIRTHPLACE		foreign countr	y)	12. CITIZEN COUNTRY	OF WHAT	
dur	Farmer	ing life, even if retire	d) I	NDUSTRY		Duplin Co	ountv	. N. Ga	rolir		S.A.	
13.	FATHER'S NAM	E	1			14. MOTHER'S MA				100	10011	
		ekalb John	eon			Mi nn	ie St	ella Al	derms	n		
15		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 1	17.	INFORMANT	10 00		Address	45.5		
(Ye	s, no, or unkown)	(If yes give war or dates o	f service)									
	No					ospital Red	cords			LINE	pliar pr	DALCEN
		DEATH [Enter only on EATH WAS CAUSED BY		line for (a), (b), and (c).		n.	.1.	00-	0	ONS	RVAL BET	DEATH
	PART I. DI	IMMEDIATE CAUSE	(a) TAG	ctured le	w	, I naus	e cre	& form	mex	1		
	8/6/	OUE	TO (	1	0	R. L	0.1	Luca	0			
	Conditions, If		(b) 1	Mansecte	d	world,	sulv	succe	4			
	gave rise to cause (a), s	Pile	то	House		0 . Mi		Hemor	1.00	o Rus	1,10	int
	underlying caus		(C)	Device	00	, Mrs					necu	-
S	PART II. OTHER	SIGNIFICANT CONOITI	ONSCONTRIB	UTING TO OEATH BUT NO	TRELA	TEO TO THE TERMINAL	LOISEASE	CONDITIONGI	EN IN PAR	RT1(a) 19.	WAS AU PERFOR	TOPSY MEO?
CAT										YE		NO 🗌
E	2Da. EXTERNA	L CAUSE WAS	2Db.	DESCRIBE HOW INJURY	occu	RREO. (Enter puture	of jnjury	In Part I or Pa	rt II of It	tem 18.)		
MEDICAL CERTIFICATION	CAUSE OF DEAT	CONTRIBUTING [		Car-Tru	N	Collis	en					
CAL		INJURY Month, Cay,		NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home,	farm, 21	of. (City or to	wn)	(County)	1 1	State)
0	6; 10 m	m. 1725 196	While	Not While	fre	CE OF INJURY (Home, ry, street, office bldg.,	2	number	mg -	- Mexer	rh'N	N.
2				nains described abov				ction ,	Inquiry	, and	In my	opinion
	death result		causes	, Accident		cide , Homi			mined ma	anner 🗍		
	ueath resum	led Hollis Hatora	( )	1, nocident Pr	. 001	CHIEF MEDIC						
	ACTUAL	In a col	1-201	1		ACCIOTANT M				22	. DATE :	SIGNED
	SIGNATURE	10 au T	4 30		~	ng. U.					-100	11-
	EXAMINER'S NAME (Type)	John	H. Tes	ke, M. D.		LU T		town, or count	y)	7	1.77	6/
238	. BURIAL, CREA	MATION, 23b. DATE		23c. NAME OF CEN	ETERY	OR CREMATORY	23d	LOCATION (	City, town	or county)	(St	ate)
	REMOVAL (Sp	eclfy)	1967	Rockfish C	ome	tom	1	Wallace	7,T	0		
24	. FUNERAL DIRI	- 40	100	AOORESS		eles 25a. R	EC'D BY	REGISTRAR 2		STRAR'S SIGN		
		porte	acr-	1-1		·MA	Y 29	1967	gotte	area fr	udge	
	Aus Ita	Etchison &	bon, i	rederick, M	ary	land DATE	0		U		V	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					21
0	0	0	0	0	
7.9	6	3	h	1	
	U	V	V	14	

### CERTIFICATE OF DEATH

06648

T.	PLACE OF DEATH				Where deceosed lived, if institution		e odmission)				
	o. COUNTY Frederic	k	MARYLAND	Maryland Frederick							
-	b. CITY OR TOWN (If or	utside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RURA	L ond give neores	t town)				
	Write RURAL and give Frederic		35 Days	Buckeystown /0-/							
		OR INSTITUTION (If not in hospital,		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
f	Frederick M	emorial Hospita	1	Buckeyst	own, Maryland		YES NO				
3	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy	-				
	(Type or print)	Havery	MCTPOIL	ELLER	DEATH		1/0/				
S	. SEX 6.	. COLOR OR RACE 7. MARRIED	A METER TIME	B. DATE OF BIRTH	last hirthdoy)	Months Doys	IF UNDER 24 HRS. Hours Min.				
	Male	White WIDOWED	DIVORCED	August 15,19	00 60 yrs.						
	Oo. USUAL OCCUPATION (Gi		KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF COUNTRY?					
0	Foreman	Hud	son Supply Co.	Frederick	County, Maryla						
T	3. FATHER'S NAME			14. MOTHER'S MAIDEN I							
	Harry	Keller		Della F	Jul.						
	S. WAS DECEASED EVER IN	VU.S. ARMED FORCES? 16.	. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	Fradami	ale Md				
-	res, no, or unknown) (It	yes give wor or dotes of service)	17 01 5895. The	mas C. Kell	er. 109 Mt. 01	Frederi ivet Blv	d.				
F	18. CAUSE OF DEATH	H (Enter only one couse per line fo		The T		INT	ERVAL BETWEEN				
	PART I. DEATH V	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH ONSET AND DEATH									
	1621	DUE TO	Y O A	. 6							
		Conditions, if ony, which gove) (b) bronchiogenic Caronina									
	rise to immediate co	ouse (o), (		8							
	last.	(c)									
-	PART II. OTHER SIGNI	IFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19.	WAS AUTOPSY				
CEDTIEICATION	(ON	elnal Fut	and			Y	PERFORMED?				
Clair	20o. ACCIDENT WAS UN	NDERLYING 200.	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)						
MEDICAL	20c. TIME OF INJURY			CE OF INJURY (Home, form		(County)	(Stote)				
AAED	Hour o.m.	19 Whil		ory, street, office bldg., etc.							
		that (I) (this haspital) atte		March 27 1	967 to MAY 12	1967 11	nat (I) (we) last				
		eased alive an MAY	11 19 <u>67</u> , and tha	t death accurred at	5 A M, fram causes a	nd an the dat	e stated abave.				
	220. SIGNATURE		0			22b. DATE SIGN					
	(ap)	0 6 163	M.	D. PHYS.	MED. DIRECTOR PHYS.	May 12	, 1967				
	22c. PHYSICIAN'S			22d. ADDRESS	4-1-1-1-1-1						
	NAME (Type)	Ralph L. Michel	s , M. D.	Frederick	Medical Center	r, Frede	rick, Md.				
2	30. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	n) (County	) (Stote)				
	REMOVAL (Specify)	May 15 1067	Mount Olivet	Comotore	Frederick,	Maryland	1				
	24. FUNERAL DIRECTOR	Donald Da	ADDRESS 1 A 2 0	250. REC'I	BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNATU					
	M. B.	Etchison & Son	Frederick M	DATEMA	Y 16 1967 FC	liarles	mage				

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physicion.

> VR A15 (4) 20 M 1/66

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is accessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDICAL

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	06663	MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH	06649
1.	PLACE OF DEAT a. CDUNTY	H Frederick	MARYLAND	a CTATE	(Where deceased lived, If instit b. COUNTY	rution: Residence before admission)  Frederick
		(N) (If outside corporate limits, and give nearest town) Frederick	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou		RURAL end give nearest town)
	d. NAME OF HD	SPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	DOA		1	II.	terfly Lane Rt	LES IND XX
3.	NAME OF DECEASED (Type or print)	ALFRED	HEALVEY	LaBRUSH, SR.	4. DATE Month OF May	15. Year 19 67
5.	SEX	6. COLDR OR RACE   7. MARRIE	D X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. onths   Days   Hours   Min.
1	Male	White WIDOWE	D DIVDRCED	Sept. 14, 190	3 63 yrs.	onths Days Hours Min.
ay	Vail Cont		KIND OF BUSINESS DR	11. BIRTHPLACE (Stat		12. CITIZEN OF WHAT
13	. FATHER'S NAM	IE .		14. MOTHER'S MAIDEN		
(	Clyde Hea	lvey LaBrush		Olive Stark	ey	
15	5. WAS DECEASED	EVER IN U.S. ARMED FDRCES? 10	S. SOCIAL SECURITY NO.   17.	INFORMANT	Address	7
10	YES	(If yes give war or dates of service) 1920 - 1921 2	14-10-1899 Mr	s. Ella Cathe	rine LaBrush R	Rt.# 4 Fred. Md.
	18. CAUSE OF	DEATH [Enter only one cause per		0.0	- A'O	INTERVAL BETWEEN
		EATH WAS CAUSED BY:	onto Cama	estime Idea	in Valle	ONSET AND DEATH
	14201		d	0 000 0 1000	1 /	
	Conditions, If	any, which ) DUE TD	nonary a	ntery of	nouttici	ence
	geve rise to	Immediate (	1 100	11 ()		
	ceuse (a), s underlying caus	toring the	Nound	erote 10	cast your	eare
N		SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
CERTIFICATION	de	al al Mu	ocendral	morarc	T	PERFORMED? YES NO T
FIC	2Da. EXTERNA			URREO. (Enter hature of In	Jury In Part I or Pert II of I	
ERI	PRIMARY OF DEAT	CONTRIBUTING []		Only of	,,	
			INJURY OCCURRED   2De. PL/	ACE OF INJURY (Home, farm	n, 2Df. (City or town)	(County) (State)
MEDICAL	Hour e.r	n. Whil	e - Not While - facto	ory, street, office bldg., etc.		(country)
-	21. I certify	y that I took charge of the re	mains described above, he	ld an Autopsy , I	Inspection , Inquiry	y , and in my opinion
	death result	ed from: Natural causes	Accident , Su	icide , Homicide	Undetermined m	nanner
		120 A ONT	2	CHIEF MEDICAL E	XAMINER	
	ACTUAL	stores Al K	Dueus	M.D. ASSISTANT MEDIC	AL EXAMINER	22. DATE SIGNED
				DEPUTY MEDICAL	EXAMINER K	5-15-67
	EXAMINER'S NAME (Type)	Robert J. Thomas	N	Address (Street, o	city, town, or county) Fre	ederick, Maryaan
23	a. BURIAL CREM	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LDCATION (City, tow	
	Burial (Sp	May 19, 1967	Mount Olivet			Warvland
	FUNERAL DIRE		ADDRESS		BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
1	Robert E.	Dailey & Son	Frederick. N	TarylandbateMAY	29 1967 20	Conta Indee

- In its is in the second Colleges / signification in the contraction Miles D. J. annual and a continu 

A - . T OUT TITE THE The sale of the sa Cort. D. 19 B . Joseph .W.E.C .DV thed , mileous areas The state of the s 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

-		DIVISIO	N OF STATISTIC		RYLAND STA						ODE 1 M	ADVIAL	ID
V		0666	4	110			E OF		SINEL	, DALITH	(1)	665	1
	1.	PLACE OF DEAT a. COUNTY	H 100	## # Z C	* 0 F11M /	14304			(Where dec	eased lived, If i		sidence bef	ore admission
		10000	rederick	MA	RYLAND	a. ST		vlan	b. cot	anna.	deri	ole	
						TAY IN 1b	c. CITY C			orate limits, v	vrite RURAL	and give n	earest town
1	Frederick 2 day					3	Fre	déhi/ck	/ Tam	ekiln	10	-1	
64		d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in	hospital, give stree	t address	d. STREE	ADDRESS	Rout	e #7			RESIDENCE N A FARM?
		rederic	ck Memori	al Ho	spital		Fred	/Memor				YES	□ NO □
	3.	NAME OF DECEASED	Fi	rst	Middle	074	Las	t	4. DATE	Mon	th	Day	Year
	_	(Type or print)	Lorne		Kendall		Lee		DEATH	May	2	9	19 67
	5.	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARR	IED X	8. OATE OF	BIRTH	9.	AGE (In years last birthday)	LIFTINGER 1	YEAR IF U	NDER 24 HRS
William opportunition of the state of the st		Male	Negro ION (Give kind of work	WIDOWE			May 2	8.1967	7	yrs.		2/	
	du	a. USUAL OCCUPAT ring most of work	ION (Give Kind of work ing life, even If retire	done 10b.	KIND OF BUSINESS	OR	11. BIRT	HPLACE (Cour	nty & State,	or foreign count	ry)   12. CIT	IZEN OF V	/HAT
	N	one		-	****			derick		Md		S.A.	
	13	. FATHER'S NAM	IE.				14. MOT	HER'S MAIDE	NAME				
K CK	Sonny Lee							ara A	nn Be				
	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service)						INFDRMAN			Addr	ess		
	N		35-36-56-56		None		onny L	ee I	Rt 1	Lime F	Cilmn,	Fred	Co
			DEATH [Enter only on EATH WAS CAUSED BY		r line for (a), (b), and	(c).]	+						ND DEATH
		0.0	IMMEDIATE CAUSE	(a)	/nema	un	3					1 cl	m
		//6	DUE	ТО			0						- '
		Conditions, If gave rise to	immediate /	(b)									
		cause (a), st											
	NO		GIGNIFICANT CONDITION	(c) ONS CONTRI	BUTING TO DEATH BU	TNOTRE	ATED TO THE	TERMINAL OLS	FASECOND	ITION CIVEN II	N PART 1(a)	119. WA	SAUTOPSY
3	SATI					MOTIVEE	ALED TO THE	,	DISL OUND	THOMGIVEN	1171(12(0)	PEF	FORMED?
	TIFI	20a. ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW IN	JURY OCC	URREO. (Ente	er nature of Ir	ilury In Par	t Lor Part Li	of Item 18.)	YES [	NO [
-	CER	OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF DEATIFY MEDICAL EXAMI	TH VER)			Ollitzo: (Elite	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	CT OF FUICT	01 110111 20.7		
	ICAL	20c. TIME OF	INJURY Month, Day,	Year   20d.	INJURY OCCURRED	20e. PL	ACE DF INJUR	RY (Home, farm	1. 20f. ((	Olty or town)	(Coun	tv)	(State)
	MEDIC	Hour a.n	n.	Whi		fact	ory, street, of	fice bldg., etc.	)				,
	N	21   cortif	y that (I) (this hose	at wo	ork at work deceased	from	F-28	. 19/	7_to_	5-29	196	) that (	1) (hugh had
			ceased alive on	3,5,2			at death occ	urred at f	M from	m the causes	and on the	a data et:	I) ((we) last
		22a. SIGNATUI	RE	1	-01	and the				in the baoses		TE SIGNED	
			lus c	n	JEAN .	M.	D. PHYS.	ING ME	O. RECTOR	STAFF PHYS.			
		22c. PHYSICIA NAME (T)	(pe)	- 1	()			DDRESS	~ .				
1		l	Charles		Mright			.Med.					
	238	REMOVAL (Spe	ATION, 23b. DATE 1			CEMETER	Y OR CREMA			ATION (City, 1			(State)
M		urial . FUNERAL DIRE	5-30-6	7	Bells C	Chape	el	250 DECED	Dicke	rson H	red (	CO. I	ld
11								4441/ 6		FRAR   25b. F	Lance	SASIVATO	34
	C.	E. Hick	cs, 111	Frec	erick, Md			DAMAY	3 1 19	67		0 0	
		7-194											

VR A15 (4) 20M 1/65

wash fatternal far a fire indicate Lileanne alora bet i Loc Timbus energy assumeral lawseness Sonn's Leg None Bonny See St 1 line 511 m. Fred Co Charles C. Welght Pred. Ned. Center C.E. Bloke 111 Pederlok, Wd MALES III. Exold .A.D

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Poges I fand 3 should be filed with the State Dept. of Health priar ta buriol, crematian, or removal, and in inversent, within 72 hours after defith **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the hospitol ar ottending physician.

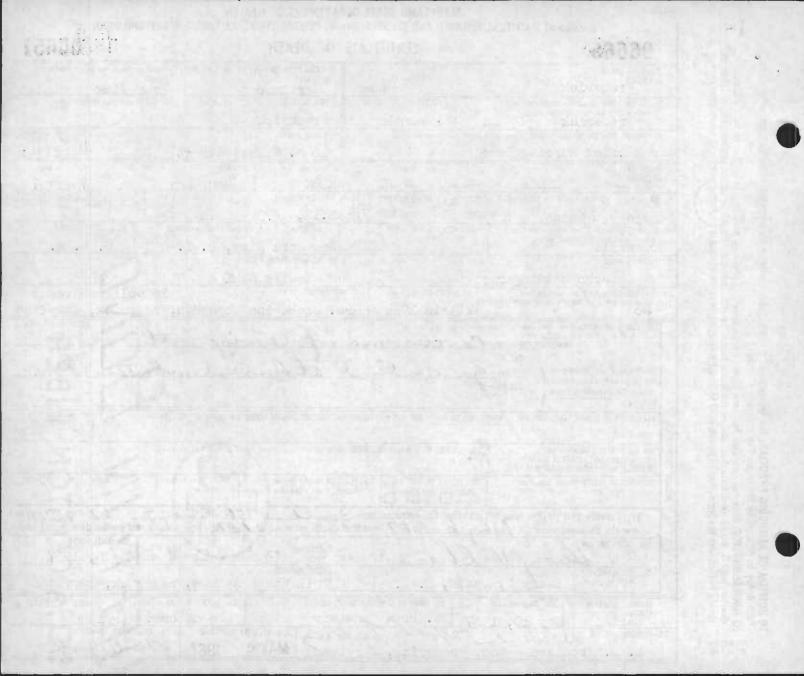
VR A15 (4) 20 M 1/66

DESES

#### CERTIFICATE OF DEATH

DEEST

יטעעעי	,	CERTIFICATE	OI DEATH		TONON				
1. PLACE OF DEATH					ion: Residence before odmissian)				
o. COUNTY rede	rick	MARYLAND	a. STATE b. COUNTY Maryland Frederick						
b. CITY OR TOWN (	(If outside corporate limits,	c. LENGTH OF STAY IN 1b		tside corparate limits, write RU					
write RURAL on	d give nearest tawn)	4 Months	Frederick		11.1				
	TAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e IS RESIDENCE				
	k Nursing Hom			ket Street	ON A FARM? YES NO TO				
3. NAME OF	First	Middle	lost	4 DATE Mon					
DECEASED				OF					
(Type or print) 5. SEX	LYDIA  6. COLOR OR RACE 7. M		LARMOR  B. DATE OF BIRTH	9. AGE (In years	7 1967 TIFUNDER 1 YEAR TIFUNDER 24 HRS.				
		- NEVER 111		lost birthdoy)	Months Doys Hours Min.				
Female	MHTGG		eb.12, 1893	Yrs.	I IO CITIZEN OF WILLY				
	N (Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
during most of working Housewife			New York C		U. S. A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME					
Jo	hn Heidinger		Louise						
15. WAS DECEASED EVE	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of servi	16. SOCIAL SECURITY NO. 17. I	INFORMANT	1401	College Avenue				
No	(ii yes give wor or do les or servi	213 16 1984 Mr	s. Catherin		ederick, Maryland				
	EATH (Enter only one couse per				INTERVAL BETWEEN				
PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Cartinoma	of Ca-	in with	ONSET AND DEATH				
19/3	DUE TO		. (10						
Conditions, if ony		Sone why	abdon	unal mite	artary 8 mis				
rise to immediate		1 8							
last.	(c)								
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 🔀				
200. ACCIDENT WA		205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)					
	G CAUSE OF DEATH MEDICAL EXAMINER)								
20c. TIME OF INJ	URY Month, Doy, Yeor		CE OF INJURY (Home, form		(County) (Stote)				
Hour o.	m.	While Not While of work	tory, street, office bldg., etc.)						
		) attended the deceased fram	19-11	956 to man 7	, 196_7, that (1) (we) las				
	leceased alive on Ma	and E 1967, and the	death accurred at	I A AM, fram couses	and an the date stated above				
22o. SIGNATURE		101			22b. DATE SIGNED				
The second	Lle 11	Chase M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	May 8, 1967				
22c. PHYSICIAN'S			22d. ADDRESS						
NAME (Type	Henry V,	Chase, M. D.	Toll House	e Avenue, Frede	rick, Haryland				
23o. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (County) (State)				
REMOVAL (Specifical	May 10. 19	967 Mt. Hope Ceme	tery	Woodsboro,					
24. FUNERAL DIRECTO					GISTRAR'S SIGNATURE				
	Ltchison & Son	- 111.	20031		soules loutes				
717 6 77 6	TACITION OF MOI	TI TI CUCT TOVO WEST A.	TOTAL AMELI	al MUII In					



fumeral death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after or the state of t

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06666

OIL	MIND	KLCOKDS,	201 14.	LIVESTON	SINEEI,	DA
C	ERT	<b>IFICATE</b>	OF	DEATH		

	06666		CERTIFIC	ATE	OF DEATH			056	52	
1.	PLACE OF DEATH a. COUNTY Frederick		MARYLAN	ND	2. USUAL RESIDENC a. STATE Maryland		b. COUN		ce before a	admission
	b. CITY DR TDWN (if outside corpora write RURAL and give nearest to	te limits, vn)	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corp	orate Ilmits, wri		lve neare	st town)
	d. NAME OF HOSPITAL OR INSTITUTE	ON (if not In h	Minutes	essi	Rural -	Adamst	own	189	e. IS RE	SIDENCE
	Frederick Memorial			550,	Route # 1					FARM?
		Irst	Middle VIRGINIA		Last MISS	4. DATE DF DEATH	Month	Da 21		67
5.	SEX 6. COLOR OR RACE	7. MARRIED		]   8.	DATE OF BIRTH	9.	AGE (In years   last birthday)	IF UNDER 1 YEA	RIFUNDE	
	Female White	WIDOWED	Control	] M	arch 7, 189	7 7	O yrs.	Months   Days	Hours	Min.
10a	. USUAL OCCUPATION (Give kind of work Ing most of working life, even If retire	done 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Co			12. CITIZEI COUNTR		T
12	Housewife FATHER'S NAME	• •		• •	Frederick		, Md.	U. S	. A	
13.	William A. Kes	1970			14. MOTHER'S MAID					
15	WILLIAM A. ACS		SOCIAL SECURITY NO. 1	17 1	NEORMANT	Castil	Addres			
(Ye	s, no, or unkown) (If yes give war or dates	of service)								
	NO 18. CAUSE OF DEATH [Enter only or	ZI.		Mrs	. Alice Jen	kins, P	noenix,	Lryland	ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY	1: Ac.	1 .		and ale	): ~			SET AND	
	IMMEDIATE CAUSE (a) A cute pulmonary edema								1 ho	1110
	conditions, If any, which by Recurrent myocardial infarct									Or
	gave rise to immediate cause (a), stating the underlying cause last.	TD	pertensive an		,			ease A	pp 1	Syrs
TION	PART II. OTHER SIGNIFICANT CONDITI							PART 1(a)   19	PERFOR	
FICA.								Y	ES	ND K
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMI	TH NER) 20b. I	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	Injury In Par	rt I or Part II of	item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19	Year 20d. II While at work	Not While		E OF INJURY (Home, fai y, street, office bldg., et		City or town)	(County)	(	State)
	21. I certify that (I) (this hos saw the deceased alive on	pital) attende	ed the deceased from 1962, and	that	death occurred at II	166, to 15PM, fro		_, 19 <u>67</u> , t	hat (I) (i te state	we) last
	22a. SICNATURE  22c. PHYSICIAN'S	22	>	M.D.	ATTENDING NO PHYS. NO	MED.	STAFF PHYS.	22b. DATE S		7
	NAME (Type)	Michel	- M - T			Madia	ol Fonto	na Than chan	i als	1 2
232		Michels THEREOF	23c. NAME OF CEME	TERY	Frederick		CATION (City, to			tate)
	BURLAL (Specify) May 29	, 1967			orial Park		derick,			
24	FUNERAL DIRECTOR Course	of m	ADDRESS TE	de			TRAR   25b. RE	GISTRAR'S SIG	NATURE	
	M. R. Etchison &	Son. Fr	rederick, Ma	ryl	and DATE	1004	007 00	liarles	Judge	-

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VR AIS 1/65

7, 2, 2, 7, 20.04 A STATE OF THE PARTY OF THE PAR The water was made a fact have a We the result have the sea to be the sent species 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06667 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) . PLACE OF DEATH o. STATE Maryland b. COUNTY Montgomery o. COUNTY Frederick Page death. MARYLAND deloy ent c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 puo write RURAL and give nearest town) 9 Rockville Frederick e. IS RESIDENCE ON A FARM? YES NO d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 18. Give Pages 1, 2 along with farm 11212 Schuylkill Rd. Rt. # 40 of te 24 hours after death. Middle 4 DATE Month 3. NAME OF First Lost Year DECEASED May 30, 1967 KATHRYN MONTGOMERY A. 19 within (Type or print) IF UNDER 24 HRS with SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIEO TO last birthdoy) Months Hours Min White 2/27/54 Female WIDOWED DIVORCED Office ( CV event and 11. 8 RTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Arizona dny Chief Medical Exominer's 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME This certificate should be executed within \_= Shirley Simpson Edwin H. Montgomery 0 and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT Address 16. SOCIAL SECURITY NO removol, Edwin H. Montgomery-Item # 2 pending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED 8Y: 10 IMMEDIATE CAUSE (o) the word cremation, DUE TO the Conditions, if ony, which gove forwarded to t rise to immediate couse (o) DUE TO stoting the underlying couse 0 burial. used 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? the certificate, p pe 20o. EXTERNAL CAUSE WAS (Enter noture of injury in Port I or Port II of item 18.) prior 3 shauld Page 4 should to your files. PRIMARY S or CONTRIBUTING CAUSE OF DEATH. designated ogent, 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (actory street office bldg., etc.) Poge ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian may be retained for FUNERAL DIRECTOR: funeral directar. Suicide [ Undetermined manner death resulted from: Natural causes Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **OEPUTY MEDICAL EXAMINER** OL **EXAMINER'S** Robert Thomas, M.D. Health Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 50 REMOYAL (Specify) Silver Spring Md.
Y REGISTRAR | 2Sb. REGISTRAR'S SIGNATURE Buria Gate of Heaven

Funeral Home-1331 Rockville Pike

Rockville, Md.

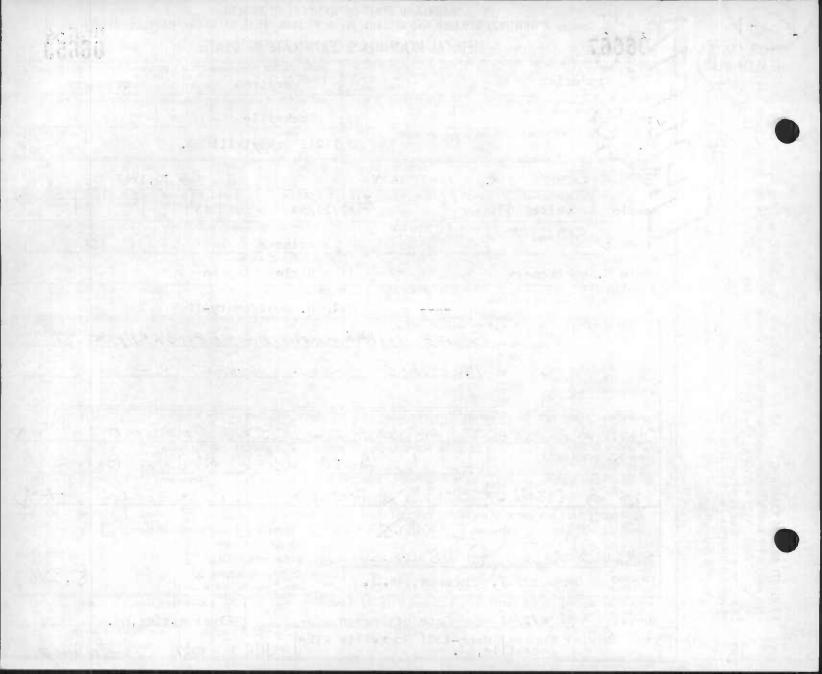
2So. REC'D 8Y REGISTRAR

Ocharlas

DATE, IIIN

VR A15ME (5)

24. FUNERAL DIRECTOR TYSON Wheeler



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 mours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CCC MEDICAL EYAMINED'S CERTIFICATE OF DEATH

1		116663 MEDICAL EXAMINER'S	CERTIFICA	IE OF DEATH OUTER
	1. 1	PLACE OF DEATH L.COUNTY Frederick MARYLAND	2. USUAL RESIDE	NCE (Where deceased lived, If Institution: Residence before admission)  ryland b. COUNTY Montgomery
h	t	D. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate limits, write RURAL end give nearest town)
		write RURAL and give nearest town)	Rockville	15.2
2		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRES	ON A FARM?
	KE.	, # 40	11212 SCH	YES NO
	i	NAME OF First Middle DECEASED Type or print) ROBERT H. MONTGOM	Last ERY	4. DATE Month Day Year DF May 30,1967 19
1	5. 5	7. MARKIED   MEVER MARKIED	8. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	Ma.	le White WIDOWED DIVORCED	5/15/57	yrs. Months Days Hours Mill.
1	durin	USUAL OCCUPATION (Give kind of work done ig most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
-		FATHER'S NAME	14. MOTHER'S MA	AIDEN NAME
			Shirley S	
1		win H. Montgomery  WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address
		no or unbown) ((If you give way or dates of service))		tgomery-Item # 2
			WIII H. MOIII	, INTERVAL BETWEEN
1		18. CAUSE DF DEATH [Enter only one couse per line for (a), (b), end (c).]		ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE INTRA	CRANIA	C HEMONTHERE
		DUE TO		22-4-2-
		conditions, if any, which gave rise to immediate (b) MUITIPLE SK	ull 17	RACTURES
		cause (a), stating the DUE TO		
		underlying cause last. (c)	475D TO THE TENNING	DISPASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		PERFORMED?
7	CERTIFICATI	MUITIPLE CHEST, ABDOMINAL	+ 130NC	
	TIF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC		of Injury In Part J or Part II of Item 18.)
	CE	PRIMARY OF CONTRIBUTING   HIT BY ALL		
	O	fact	ACE OF INJURY (Home ory, street, office bldg	, 1011111 1011 (011) 01 001111
2	MEOI	2 Hour 2 at work \ 87	. 40. Fres	1. Prederick county
		21. I certify that I took charge of the remains described above, he	eld an Autopsy	, inspection, Inquiry , and in my opinion
				licide , Undetermined manner
		120 A 00T	CHIEF MEDI	CAL EXAMINER
		ACTUAL SIGNATURE OF THE YOUR COLORS	IVI	MEDICAL EXAMINER
2		EXAMINER'S Robert J. Thomas	Address (St	reet, city, town, or county)  5/30/67
	23a.	DEMOVAL (Specify)		23d. LOCATION (City, town or county) (State)
		BENOVAL (Specify) 6/2/67 Gate of Heave		Silver Spring, Md.
>	24.	yson Wheeler Funeral Home-1331 Rockvill	e Pike 25a.	REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
		Rockville, Md.	DATE	

VR A15ME

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ADUPLICATE!

## MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS

DUPLICATE

FOR STATE DERT HEALTH

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page any delay is StreetDepartment This certificate should be executed within 24 hours ofter death. If

5 may be retained far yaur files. Health prior to burial, cremation, or removal, and in any event within 72 haurs after death

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

0666	59	MEDICAL EXAMIN	ER'S (	ERTIFICATE O	F DEATH		1	6655	
I. PLACE OF DEAT	Н			2. USUAL RESIDENCE (V	Vhere deceased live		Residence	betare adm ss	ian)
o. COUNTY	Frederick	MARYL	AND	o. STATE Marv]	and	b. COUNTY	Mach	ington	
b. CITY OR TOWN	N (If autside carparate limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If au		its, write RURAL			
write RURAL	and give nearest tawn)								
A MAME OF HOS	Frederick	A control of the standard of the set		d. STREET ADDRESS	cstown		- 0	e IS RES	DENCE
d. NAME OF HUS	PITAL OR INSTITUTION (If not in	naspiral, give street address)		d. SIKEET ADDRESS				ON A	
	267 Dill A	venue		738 9	Summit Ay	renue		YES	NO X
3. NAME OF	First	Middle		Last	4 DATE	Month		Day Y	ear
(Type ar print)	James	Robert		Nicklas	OF DEATH	Ma	V	1 19	67
S. SEX		MARRIED NEVER MARRIED	T 8.	DATE OF BIRTH	9. AGE	(In years   I	F UNDER 1 Y		- 0
M-7 -		WIDOWED K DIVORCED	1	7.00	last last	birthday) A	lanths D	ays Haurs	Min.
Male	White  ION (Give kind of work done	10b. KIND OF BUSINESS OR	ل ال	une 24, 188			12 (1717)	EN OF WHAT	
	ing life, even if retired)	INDUSTRY			, ,,		COUN		
Civil	Engineer	Retired		Chambersbur	g, Pa.(I	rankli	hCo.)	U.S	.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAMĚ				
	Adam Nicklas			Mary M.	Ovler				
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
	n) (If yes give war or dates af se	rvice)	Mana	. Hannah Mo	0176	Conta	n Dd		
Yes	W.W.#1	214-09-2232	I PIL S	. naman ra	Mell ATT.	Conre	e na.	INTERVAL BE	TIACCEN
	DEATH (Enter only one cause potential was caused by:			hoomt for	1			ONSET AND	
	IMMEDIATE CAUSE (a)	Congest	ive	heart fai	Llure				
420	DOL TO	Coronar	v ar	tery occl	usion				
	iny, which gove ) (b)		1	1					
	liate cause (a), DUE TO		-			7	3.2		
last.	(c)	Arterio	SCIE	rotic car	rdlovas	cular	alse	ease	
PART II OTHER	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	TED TO TH	IF TERMINAL DISEASE CON	DITION GIVEN IN F	ART 1(n)		19 WAS AUT	TOPSY
5	STOTILITY CONDITIONS CONT	KIDOTHO TO DENTI DOT HOT KEE	120 10 11	TENNING DISENSE CON				PERFOR!	MED?
2Da. EXTERNAL PRIMARY or	CHICKING	Y						YES	NO [
Z 2Da. EXTERNAL PRIMARY □ ar	CONTRIBUTING	2Db DESCRIBE HOW INJURY OCC	URRED. (E	nter nature at injury in f	Port I or Port II at	item 18.)			
CAUSE OF DEAT									
	NJURY Manth, Day, Year			OF INJURY (Hame, farm		or tawn)	(Caunt	y)	(State)
Hour	a.m. p.m. 19	While Nat While at work	tacta	ry, street, affice bldg., etc.)					
-			avo hole	d an Autansu	Inspection Is	el Inquier		and in my	aninian
		f the remains described abo						and in my	apinian
death res	sulted fram: Natural o	auses 🚉, Accident 🔲,	Suicio			rmined man	ner		
ACTUAL	11/2 -A	And.	)	CHIEF MEDICAL	EXAMINER			22. DATE	CICNED
SIGNATURE	Volet !	Mours		_M.D. ASSISTANT MEDI	CAL EXAMINER				
EXAMINER'S	/	P		DEPUTY MEDICA	L EXAMINER			5/4/6	1
NAME (Type)	Robert J. C	Phomas, M. D.		Address (Street	city, town, ar cou	nty)			
23a. BURIAL, CREMA		OF 23c. NAME OF CEMET	ERY OR CI	REMATORY	23d. LOCATION	(City or Town)	(0	ounty) (	State)
Burial Spec	(ify) 5/6/6	7 Rose Hil	Cerr	eterv	Hage	rstown,	Wash	·Co. M	d.
24. FUNERAL DIREC		ADDRESS	L O'GH		BY REGISTRAR				
		uneral Home, Hage					0	las Jus	100
Andrew	A. Collman. E.	uneral nome nage	ELZIC	AMII A LICENALE CAN	11 46 1	70/ 1/9		JAN YELD	7

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0667	)	MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	0565	66
	PLACE OF DEATH o. COUNTY FT	ederick		MARYLAND	2. USUAL RESIDENCE (1 o. SIATE Maryla	h ((	itution: Residence before odm DUNTY BOETLCK	ission)
	b. CITY OR TOWN (	f autside corporate limits I give nearest town)	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow			
		Airy		Life	Mt.	Airy	1001	
		AL OR INSTITUTION (If no		rive street address)	d. STREET ADDRESS	*	e. IS R	ESIDENCE A FARM?
	106	Hill Stre	et		106 Hi	ll Street	YES [	NO X
	NAME OF DECEASED (Type or print)	IRA		Middle E •	POOLE	OF		Year 19 6 7
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Doys Hou	IDER 24 HRS.
7.	Male	White	WIDOWED	DIVORCED 🔯	April 30,	1890 77 yrs		112 IATHIT.
1Do dur	. USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote Frederic	0 17	12. CITIZEN OF WHAT COUNTRY?	T
_	FATHER'S NAME				14. MOTHER'S MAIDEN			
		Ira E. P	oole		U	nknown		
15. (Ye	WAS DECEASED EVE es, pq, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service)	SOCIAL SECURITY NO. 17.	INFORMANT  C. Alvie W	1 CAS	timore, Md	Rđ.
NOI	Conditions, if ony, rise to immediat stating the under lost.  PART II. OTHER SI	e couse (o), lying couse	10 (b) CO 10 (c) A+	ranory terioscle o DEATH BUT NOT RELATED TO	Artery LOYE CA		ylan Disco	PRMED?
CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		2Db. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)	YES	NO
MEDICAL	20c. TIME OF INJU Haur a.r p.r	10	2Dd. IN While of work	Not While fa	ACE OF INJURY (Home, farm ctary, street, office bldg., etc.)		(County)	(Stote)
	21. I certif death result ACTUAL SIGNATURE EXAMINER'S NAME (Type)		Il causes	Accident [], Sui	CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICAL	, Undetermined	manner [	ate signed
	BURIAL, CREMATIC REMOVAL (Specify BURIAL FUNERAL DIRECTO	5/5/10		23c. NAME OF CEMETERY Pine Gro	Ve ZSa. REC'I	23d. LOCATION (City of Mt. Air	V. Md.	(State)
1	J. M. W:	eltz Box	241 ST	rkesville. 1	AMIAN . DI	Y 8 1967	Milantes Jud	Ela .

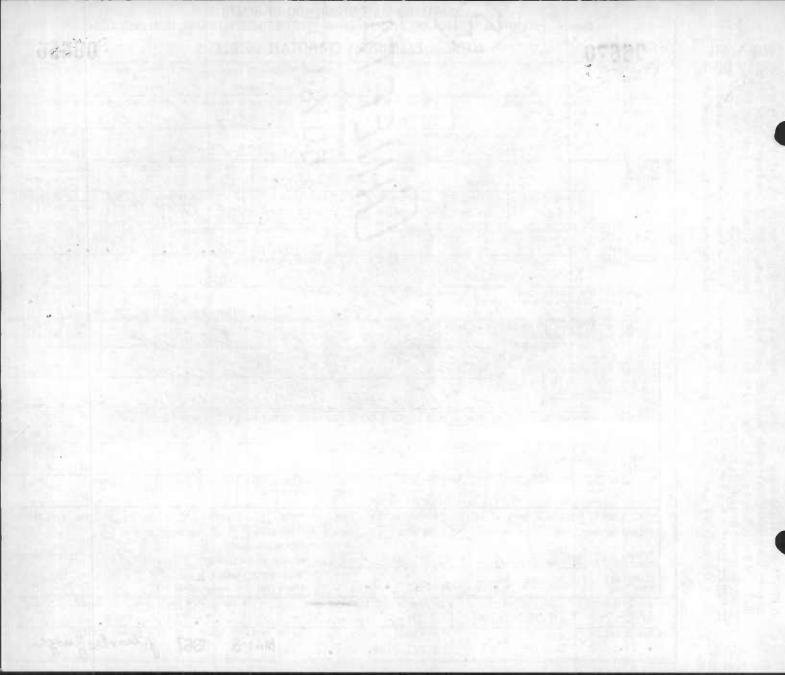
VR A15ME (5) 6M 1/66

FOR STATE HEALTH DEPT.

**U DEPUTY MEDICAL EXAMINER:** This certificate should be executed within 24 hours after deoth. If any delay is necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page

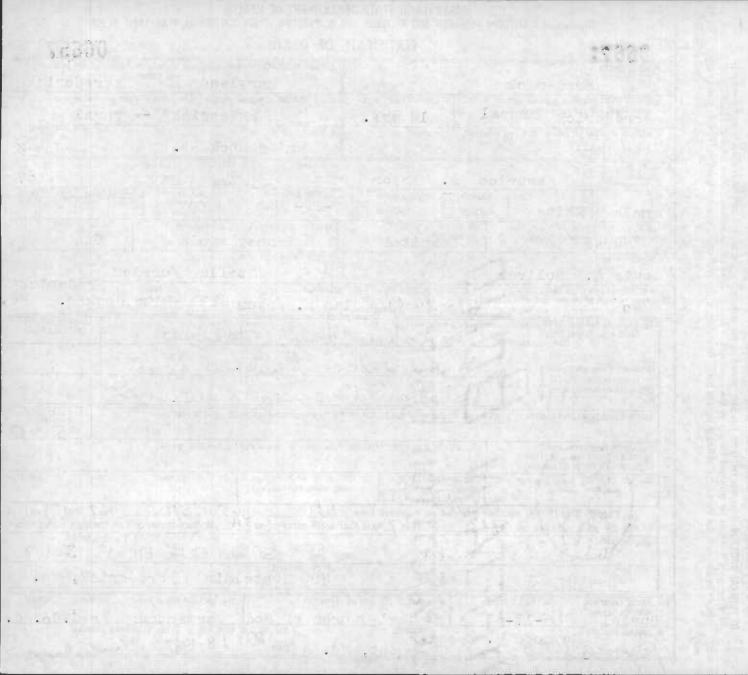
MEDICAL EXAMINER:

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· AA		06671 CERTIFIC	ATE OF DEATH	06657
funerol 1 ond erdean	1.	PLACE OF DEATH o. COUNTY Frederick MARYLAN		Frederick
oy the Pages ours aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town rural 10 yrs.	Frederick	rural /0=/
ithin 24 ho ly filled in that papers. within 72 ho	5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Own Home	d. STREET ADDRESS White Rock Rd.	e IS RESIDENCE ON A FARM? YES NO
completely fi ove carban y event, with		NAME OF First Middle  DECEASED (Type or print)  Beatrice P. Pryor	DEATH	5 Doy Year 19 67
executed with and completely fremove carban any event, with	F	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ Temale White WIDOWED DIVORCED [	7-22-1906 (365 birthdoy) M	FUNDER 1 YEAR IF UNDER 24 HRS.  John Doys Hours Min.
reate be e	du	o. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY HOS Pital	11. BIRTHPLACE (County & Stote, or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY?
ing physic Then ple removol,		a FATHER'S NAME Louis A. Boliver	14. MOTHER'S MAIDEN NAME Stella Furri	ck Frederick
ottending physon, ar removol,	1:	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no prunknown) (If yes give war or dotes of service) \$\frac{13-24-9068}{13-24-9068}	Glen M. Pryor 5132 White	RockRd. Md
equires that the de physician. signed by the otte burial-transit perm burial, cremation, (		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause	Heart Failure tris-Peitoneal Cavi	INTERVAL BETWEEN ONSET AND DEATH
the low ratending has been se as the h prior ta	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
spitol or ertificate ed far us	CERTIFICATION	LITETIMEN, NOTIFI MEDICAL CARMINENT	JRRED. (Enter noture of injury in Part I ar Port II of item 18.)	163 20 100
G PHY the ho r this c detach te Dept	MFDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED While of work of work	De. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)
TENDIN ined by OR: After ould be the Sto			am	_, 1967, that(1) (we) last d an the date stored abave.
TO HOSPITAL OR ATTEINED Page 4 moy be retained of FUNERAL DIRECTOR. director, page 3 should be filed with the		220. SIGNATURE CONT. Deske	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page should be filed		22c. RHYSIDAN'S NAME (Type) D.R. J. H. Teske	700 Montclair Fred	derick, Md. (County) (Stote)
TO HOS Page A direct Shoul		PEMOVAL (Specify)	Church of God Germantown 250. RECD BY REGISTRAR 25b. REGIST	



## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0667	2		Cl	ERTIFICA	TE OF	DEATH			0	665	8
-	1. PLACE OF DEAT	Н						here deceos	ed lived, if institut		before o	odmission)
	a. COUNTY	Frederick			MARYLAND	0,	Mary Mary	land	b. COU	Fre Fre	deri	ck
	b. CITY OR TOWN (If outside carporate limits, C. LENGTH OF STAY IN 1b					c. CITY	OR TOWN (If our	tside corpara	te limits, write RUI	RAL and give	neorest t	own)
	write RURAL	ond give nearest town)		1	dav		Jeff	farson	- Rural		100	
		PITAL OR INSTITUTION (IF I	nt in hospit		6/	d. STR	EET ADDRESS	. e.t. 2011	- Rurar			IS RESIDENCE
		derick Memor			, ,		Rout				yE:	ON A FARM?
	3. NAME OF		irst		ddle	- 11	Lost	4. DATE	Mont	th	Day	Year
	DECEASED (Type or print)	AGN		(NMI)		RKE		OF DEATH	MAY		13	1967
1		e 6. COLOR OR RACE	7. MARRI		MARRIED		OF BIRTH		AGE (In years			FUNDER 24 HRS.
	Married	White	WIDOW	ED 🗍	DIVORCED	Dec	. 28-190	04	lost birthdoy) yrs.	Months	Doys	Haurs Min.
	10a. USUAL OCCUPAT	ION (Give kind of wark done	106	. KIND OF BUSINE	SS OR	11. BI	RTHPLACE (County 8	& Stote, or fo	reign country)		ZEN OF W	/HAT
	during most of warking Homen	ing life, even if retired)		INDUSTRY	-	Ch	arlestor	- W.	Va.	(00)	NTRY?	U.S.A.
	13. FATHER'S NAME						OTHER'S MAIDEN N					
	Jaco	b Gruden					Magdale	ene Ha	stings			
		EVER IN U.S. ARMED FORCES		16. SOCIAL SECURI	TY NO. 1	7. INFORMA	_		Addre	ess		
	(Yes, no, or unknow	n) (If yes give wor or dotes	of service)	235-26-	0594 1	Ir. Pa	ul Rice-	- Jeff	erson, M	id. Rou	ite ]	
	18. CAUSE OF	DEATH (Enter only one co	use per line	for (o), (b), ond							INTER	VAL BETWEEN
		PEATH WAS CAUSED BY:		CEREBRA		CMBCSI	3					AND DEATH
	2.3		E TO	O ESTE   STATE	1111							
		ny, which gove	(b)	GELERALI	2 <i>e</i> n	ARTER	105CLERO	5/8				
		iote couse (a), DU	E TO					1 4				
9	lost.	derrying couse	(c)			FAC						
	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTI	NG TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE CON	DITION GIVE	N IN PART 1(o)		19. W	AS AUTOPSY REORMED?
2	200. ACCIDENT 1										YES	NO K
	200. ACCIDENT	WAS UNDERLYING	205	. DESCRIBE HOW I	NJURY OCCURR	ED. (Enter no	ture of injury in F	Port I or Port	II of item 18.)			
	(IF EITHER, NOT	NG □ CAUSE OF DEATH IFY MEDICAL EXAMINER)										3343N
		NJURY Month, Day, Year		d. INJURY OCCURR			JURY (Home, form		(City or town)	(Cour	ity)	(Stote)
	WED Hour	o.m. p.m.	of	hile Not Wh wark ot wor		ractary, stree	t, affice bldg., etc.)					
Н	21. I ce	rtify that (1) (this ho		tended the de	ceased from	5/	12 ,1		0 5/13			(I) (we) las
	saw the	deceased alive an_	5/1	3 19,	67, and 1	thot deatl	accurred at.	425/0 N	, fram causes			
	220. SIGNATU	RE	/	)		ATI	ENDING -	MED.	STAFF -	22b. DA	1	
	10	externed C	KI	ynelel.	,	M.D. PH	rs.	DIRECTOR	PHYS. L	5/	13/6	7
	22c. PHYSICIA NAME (Ty		C P	ermol de		22	d. ADDRESS	House	e AveF	madani	ok	Md.
		1020102 0				00 0000						
1	23a. BURIAL, CREMA REMOVAL (Spe	cify)		G4 7/	OF CEMETERY				CATION (City or To	,	County)	(Stote)
1	Burla	T May T		4 1	lary's	4	0	BY REGISTR	tersvill	Le, Md.		
	M.R.Etc	chison & Son	rece	Freder	ick, M	d. 2170				Clare		edge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer director, page 3 should be detached for use as the burial-tronsit permit. Then please remaye earban papers. Pages 1-am should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after detached.

VR A15 (4) 20 M 1/66

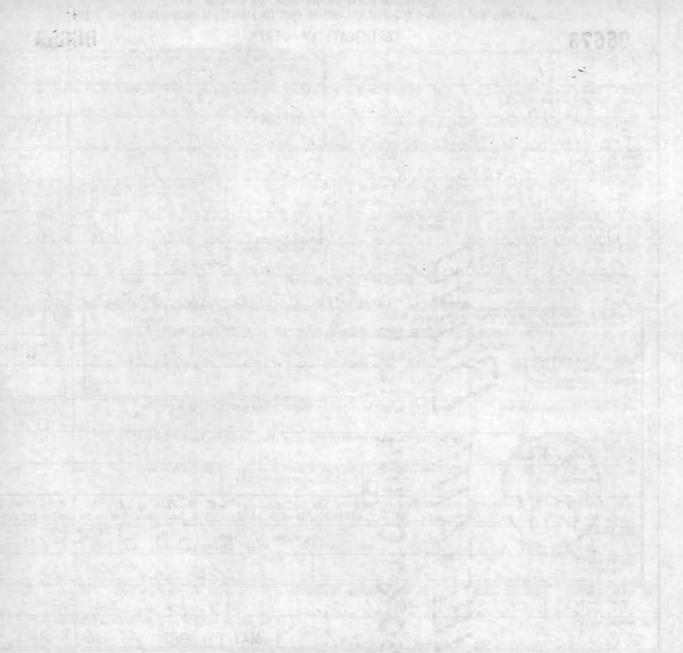
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06673	3	CERTIFICATI	OF DEATH		06659
	PLACE OF DEATH	. , ,		2. USUAL RESIDENCE (V	Where deceased lived, if institution	
	o. COUNTY	rederick	MARYLAND	O. STATE Mar	uland B. COUN	Trederick
		outside corporate limits, give mearest town	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	utside carparate limits, write RUR	AL and give neorest town)
	Tr	edirick.	11days	Tred	erick.	10.1
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Trede	rick Memo	rial Hospital	139 Janey	apts.	YES NO Z
	NAME OF DECEASED	First	Middle	) Last	4. DATE Month	H /~
	(Type or print)	GLADY	\$ LARUE	Rice	DEATH May	
5.	SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years /	Months Doys Hours Min.
	J	V-	IDOWED DIVORCED	pine 14, 191	4 62 Yrs.	LID CITITED OF HULLT
	o. USUAL OCCUPATION ring most of working	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY 2
L	Hous	ewife		arroll	Co. md.	W.S.A.
3.	. FATHER'S NAME	1 -	0	14. MOTHER'S MAIDEN I	NAME /	
_	aliv	cr B, Fa	MUST SECURITY NO. 17	Carrie	Jogile, Addre	
		R IN U.S. ARMED FORCES? {If yes give war or dotes of ser		INFORMANT	Addres	0 + 7 /
_	no		213-16-1848 19	r. Stand	ey Rice, 34 d	any Uplo Irld
	1B. CAUSE OF DE	ATH (Enter only one couse po H WAS CAUSED BY.	er line for (a), (b), and (c).)	/	1 :77	ONSET AND DEATH
	1000	IMMEDIATE CAUSE (o) _	Han only	oun , a	ven with	10
	Conditions, if ony,	DUE TO	7	- 1.	- 1 0	17 cycur
	rise to immediate	e couse (o),	men	Musis	- general	
	stating the under	lying couse				
		SNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
CERTIFICATION						PERFORMED? YES NO
5	2Do. ACCIDENT WAS	UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item IB.)	
CEL.	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				
SA	-	IRY Month, Day, Yeor	2Dd. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm	n, 2Df. (City or town)	(County) (Stote)
MEDI	Hour o.n	1.	While Not While of work	tory, street, office bldg., etc.	)	
			1) attended the deceased fram_	CM. 5-11_	1960 to Man -	2 . 1967, that (1) (we) las
		eceased alive an 12	(m 19 67, and the	at death accurred at	M, fram causes	and on the date stated above
	220. SIGNATURE	1	n de	ATTENDING	MED. STAFF	22b. DATE SIGNED
	5	Branca C	Stone M	.D. PHYS.	DIRECTOR PHYS.	5-1-67
	22c. PHYSICIAN'S NAME (Type)		CACNE -	22d. ADDRESS	Do-1 1-7	11.11
	<u> </u>	A Willand	3/11/0/2	1-1	ievorne.	het ()
230	<ul> <li>BURIAL, CREMATIC REMOVAL (Specify)</li> </ul>		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov	vn) (County) (Stote)
	Puria	C 2/10/E	1 Hade Ce	melery	UkalRerss	rele, Ired, Co.
24	4. FUNERAL DIRECTO	4 11	ADDRESS	250. RECT		GISTRAR'S SIGNATURE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and (campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death VR A15 (4) 20 M 1/66



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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06674		CERTIFICAT	E OF DEATH	05660
	PLACE OF DEATH o. COUNTY Fr	ederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if in a. STATE Maryland b.	stitution: Residence before admission) COUNTY Frederick
	b. CITY OR TOWN (I	f autside corporate limits,	days	c. CITY OR TOWN (If outside corporate limits, write Frederick	e RURAL and give nearest tawn)
(		L OR INSTITUTION (If not in be ederick Memori		d. STREET ADDRESS Twin Creek Plaza	Apts.# 1 e. IS RESIDENCE ON A FARM? YES NO NO
	NAME OF DECEASEO (Type or print)	HAROLD	Middle K.	Rinehart OF May	
S. :	Male		ARRIED X NEVER MARRIED DIVORCED DIVORCED		rs   IF UNDER 1 YEAR   IF UNDER 24 HRS. y)   Manths   Days   Hours   Min. rs.
		Give kind of work done if even if refind nager	10b. KIND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (County & State, or foreign country) York, Pennsylvania	12. CITIZEN OF WHAT
	FATHER'S NAME John Rine	ehart		14. MOTHER'S MAIDEN NAME Carrie Mullican	
1S. (Ye	WAS DECEASED EVE es, na, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dates of servi		nformant rs. Virginia C. Rinehart	Address Twin Creek Plaza Ants Frederick Md
		e couse (o),	line for (o), (b), and (c).) CONGESTINE RHEUMATIC	HEART FAILURE	INTERVAL BETWEEN ONSET AND DEATH
CATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFI		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Part I or Part II of item 16	3.)
MEDICAL	20c. TIME OF INJU Haur o.n p.n	RY Month, Day, Year 1. 19		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	n) (County) (State)
		ty that (1)(this haspital)	attended the deceased fram_ 1967, and the	at death accurred at 11 49 M, fram cau	ses and an the date stated abov
	22o. SIGNATURE	Pulsard C. 10	07.4	M.O. PHYS. MEO. STAFF PHYS.	22b. DATE SIGNED, 5/31/67
	22c. PHYSICIAN'S NAME (Type)	Dr. Richard (		001 1011 1101100 111011	
	BURIAL, CREMATIC REMOVAL (Specify Burial FUNERAL DIRECTO	6-2-1967	ADDRESS	etery Walkersvi	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carean papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in hyperant, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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	HILL YES, A FIELD		
	ations in our treatment		version fare market
ADDED ON SERVICE OF THE SERVICE OF T	man Inches de		
ray E	Honer Families		
	thenor Deense	RIEGENTIE	
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	Total y		Ribert C. K.
make or o			

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120161

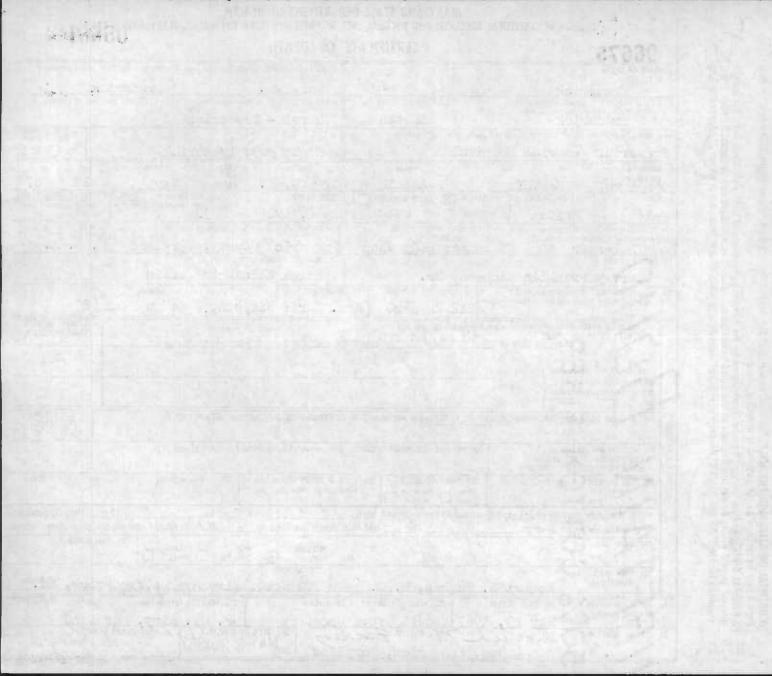
06675		CERTIFICATE	UF DEATH		
1. PLACE OF DEATH o. COUNTY Fred	erick	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland	re deceosed lived, if institution: Resid b. COUNTY Freder	
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 16		e carporote limits, write RURAL and g	give nearest town)
write RURAL on	d give negrest town)	Minutes	Rural - Fr	ederick	10.1
	TAL OR INSTITUTION (If not in ho	ispital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Frederick	Memorial Hosp	ital	Route # 3,	Frederick	ON A FARM? YES NO X
3. NAME OF	First	Middle	Lost 4.	DATE Month OF	Doy Year
DECEASED (Type or print)	HARVEY	FRANKLIN	RIPPEON, JR.	DEATH May	20 19 67
S. SEX	6. COLOR OR RACE 7. MA		8. DATE OF BIRTH	9. AGE (In years IF UNDE	ER I YEAR   IF UNDER 24 HRS.
Male	White WI	DOWED DIVORCED [ ]	May 6, 1929	38 yrs. Months	Doys Hours Min.
	N (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St		CITIZEN OF WHAT
during most of working Body & Fen	lite, even it retired)	Jennis Body Shop	Frederick Co	unty, Mryland	COUNTRY?
13. FATHER'S NAME	and the second		14. MOTHER'S MAIDEN NAM	E	
Harvey	Franklin Ripp	eon, Sr.	Hilda Eliz	abeth Martin	
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	- V	INFORMANT	Address	
(Yes, no, or unknown)	(If yes give wor or dotes of service	"212 24 5540 Mr.	s. Marie Ripp	eon, (Same as ite	m #2)
18. CAUSE OF D	EATH (Enter only one couse per	line for (o), (b), and (c).)		1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	undo las	rially a	idusien	ONSET AND DEATH
420	DUE TO				10-20min
Conditions, if on					
rise to immedio					
lost.	) (c)				
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 18.)	
20c. TIME OF IN	IURY Month, Day, Yeor		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	County) (Stote)
		attended the deseased fram_	5//5 .19/	3/ to 5/2 1	12 / that (I) (we)≥las
	leceased alive an	5/15 1967, and tha	t death accurred at/5	M, fram causes and an	
220. SIGNATURE		11. 1.	ATTENDING ME		DATE SIGNED
118	erun fil	My/My M.	D. PHYS.	RECTOR PHYS.	
22c. PHYSICIAN	-1		22d. ADDRESS	400	
NAME (Type	Robert S.	Hughes, M. D.	1700 Montel	aire Avenue, Fred	ierick, Ma.
230. BURIAL, CREMATI		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial (Specif	May 23. ]	1967 Locust Grove	Cemetery	Nr. Mt. Airy, Ma	
24. FUNERAL DIRECT		2 M-ADDRESS Falle	2So, REC'D BY		
M. R.	Etchison & Sor	. Fryderick, Mary	land DAMAY	2 3 1961 Julian	and June 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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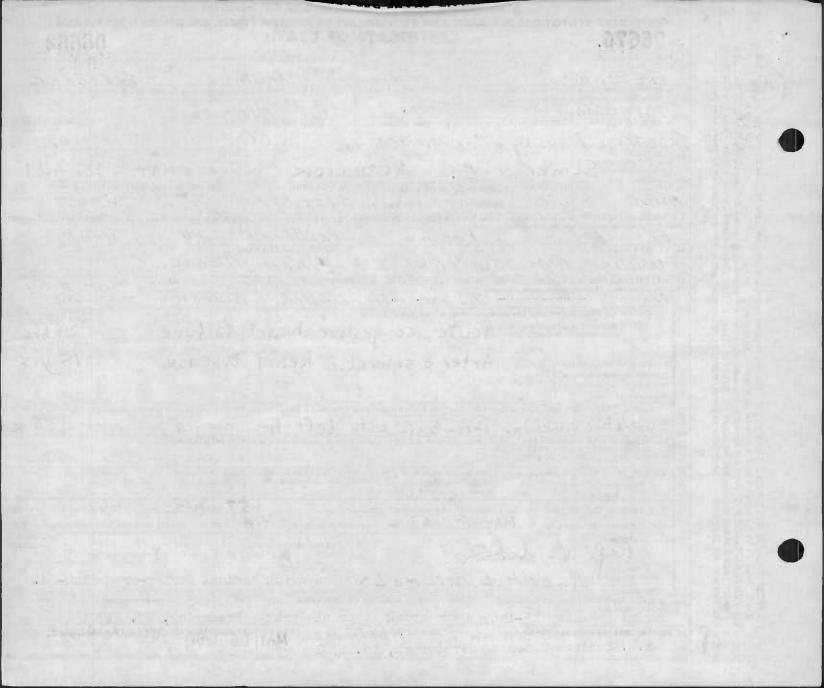
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VR A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06676 CERTIFICATE OF DEATH DECES

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before admission)
FREDERICK MARYLAND	a. STATE b. COUNTY	DERICK
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearast town)
Frederick 2 yrs.	m+ Alex	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
	Route 1	ON A FARM?
TREDERICK NURSING & CONVALESCENT,	Sine	YES NO
DECEASED	Last 4. DATE Month OF	Day Yeer
(Type or print) Elmer E. KOT	DERICK DEATH MAY	12 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
MAIE WHITE WIDOWED DIVORCED	2/26/91 76 yrs.	eys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if retired)	TRY 11. BIRTHPLACE (County & State, or foraign country)   12. CITIZ	EN OF WHAT COUNTRY?
FARMER FARM	FREDERICK Md. U	. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
WILLIAM MAC Koderick	CLARA MERCER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give war or dates of service)	INFORMANT (LUIFE) Address	nt AIKY
212-24-575/T	NEILIE L Riderick -"	md.
18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: A CUTE CONSC	stive heart Cailure	ONSET AND DEATH
	Silvea. taltore	1 11 5
DUE TO A + to a in Colo	otic Keart Disease	15 ucc
Conditions, if any, which gave risa to immediata cause	ofic treati pisease	13 413.
(a), stating the underlying DUE TO		
causa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
E Cerebro vascular Thrombosic wi		YES NO K
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  Cerebro Vasculas Thrumbosic Will  20a. Accident was underlying   20b. Describe How Injury Occurs  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Entar nature of injury in Part I or Part IT of itam 18.)	
	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (Count	y) (State)
21. I certify that (I) (this hospital) attended the deceased from	1957 to MAY 12 , 19 G	7 that (1) (we) last
saw the deceased alive on MAY 114 1967, and that	of death occurred at 4.04M, from the causes and on the	data stated above
22a. SIGNATURE	death occurred and any any north the couses and on the	22b. DATE
16000 / 1.10	M.D. ATTENDING MED. STAFF	SIGNED
22c. PHYSICIAN'S NAME (Type) POLINH L. DALO WELL	22d. ADDRESS	1 1 17 1
NAME (Type) ROLPH L. MICHELS	Frederick Medical Center-Frede	erick-Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Steta)
Burial May 15-1967 Frederick Me	morial Park   Frederick, Md. 217	701
24 FUNERAL DIRECTOR'S SIGNATURE CO. TADDRESS WELL	trice 25 MAY DE REGISTRAN 256, MEDISTRAN	
M.R.Etchison & Son Frederick, Md	21701 PATE 16 1967	10
1 TOUGHTON, MU	The state of the s	



# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH o. COUNTY b. COUNTY Frederick Frederick MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Point of Rocks Frederick Davs e. IS RESIDENCE d. NAME DF HOSPITAL DR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS DN A FARM? Frederick Memorial Hospital YES NO TO Middle 3. NAME OF 4 DATE Year Doy DECEASED SCHEE MAY Howard 30 425 196 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR DR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours April 16,1905 WIDOWED DIVORCED - X Male White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? Point of Rocks, Maryland Construction Laborer 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Annio May Cannon Harvery Scheetz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Lorraine Adcock, Doubs, Laryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES Se NO 20o. ACCIDENT WAS UNDERLYING Do 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) ot work of work 17, 1967, ta MAT 30, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram\_ MAT saw the deceased glive an MAT 30 1967, and that deoth occurred at 7:20 PM, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN S MICHELS 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) St. Paul's Cemetery Point of Rocks. Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland

requires that the death certificate be executed within 24 hours after death completely filled in by the funeral nove corbon, papers. Pages 1 and hours corbon evient wi remove and in an and physician a cremation, ar remavol, ottending phy permit. Then permit. signed by the burial-tronsit burial, cremati O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending the prior to has been OIS detached far use te Dept. of Health TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be filed v

VR A15 (4

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cessary funera may be Department after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is considered to the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 in retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depa of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DECEA

00010	THE PARTY OF THE P	WULLE
1. PLACE OF OEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission
Frederick MARYLAND	a. STATE Maryland b. COUNTY Fre	ederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	W	
Frederick 27 years	Frederick	18.7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		e. IS RESIDENCE
rederick Memorial Hospital	140 W. All Saints St	YES NO X
3. NAME OF First Middle	Last   4. DATE Month	Day Year
(Type or print) Alice Frances	Sewell DEATH May 12	2 19 67
5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HR
Female Negro WIDOWEDXX OIVORCEO	April 6,1916 51 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CI	TIZEN OF WHAT
Domestic *****		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
Benjamin Wallace	Anna Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unkown)   (If yes give war or dates of service)	. INFORMANT Address red	erick, Md
	John N.Sewell, 111 33 S. Ber	ntz St
18. CAUSE OF OEATH [Enter only one cause por line for (a), (b), and (c).]	) + 1/2 / / 200	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Juliu Demarmage	UNSET AND DEATH
DUE TO C + 0	11	
Conditions, if any, which (b) Cosevillal	Toypentensin	
gave rise to immediate cause (a), stating the OUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	TATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMEO? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RE  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE OF DEATH.	CURREO. (Enter nature of injury in Part I or Part II of Item 18.	)
	LACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bidg., etc.)	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt fac work p.m. 19 At work at work	tory, street, onice orag., etc.)	
21. I certify that I took charge of the remains described above, h	neld an Autopsy \ Inspection  Inquiry	and in my opinio
	uicide . Homicide . Undetermined manner	
0 2 1 (1)	CHIEF MEDICAL EXAMINER	
SIGNATURE COCKET & Woulds	M.D. ASSISTANT MEDICAL EXAMINER	22. OATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	5-17-6
NAME (Type) Robert J Thomas	Address (Street, city, town, or county) Frede	rick, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
Burial 5-17-67 Fairview C	emetery Frederick, Md	Md
	258. REC'D BY REGISTRAR 25b. REGISTRAR MAY 1 5 1967 MCLICARL	as Judge
C.E. Hicks, 111 Frederick, Maryla	nd DATE 13 130/	and and

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Mederalisa Prederick Rysess Wilselerick Z - 37 santan fix . ONF - Istique Islucus de lacteri ALLE STATE OF THE .A. ... Stor woll - s manuar To to id senot Benjamin saliges. Plate abag ? Elv-12-7445 doim W. Sovell, 111 JK S. Bonts St 25 SHERMANIES WILLIAM BURNEY M. William B. ... emmont & Mendon curist 3-17-67 Felawich Cemabery Eredonick, Nd Nd Tools, 121 States and States and

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06673		CERTIFICATE	OF DEATH		06665
	PLACE OF DEATH				Where deceosed lived, if institution:	Residence before odmission)
	. COUNTY Frederic	k	MARYLAND	o. STATE Mar	yland b. COUNTY	Frederick
	b. CITY OR TOWN (If outside corporate limit	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits, write RURAL	ond give neorest town)
	write RURAL ond give neorest town) Frederick		Lifetime	Free	derick	10.1
	d. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospitol, g	ive street oddress)	d. STREET ADDRESS		e. 1S RESIDENCE ON A FARM2_
	Frederick Memor	ial Hos	spital	523	N. Market St.	YES NO NO
	DECEACED	rst	Middle	Lost	4. DATE Month	Doy Yeor
	(Type or print) TRANKUN	Nat		HIPLEY	DEATH MAY	3 1967
S.	SEX 6. COLOR OR RACE	7. MARRIED	THE TEN MIT METERS 2	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. onths Doys Hours Min.
	Male White	WIDOWED		May 9-1887	79 yrs.	
	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)		ND OF BUSINESS OR DUSTRY		y & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
duit	Officer	Bot	Lling Works		ck Co. Md.	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		
	Wm. H. Shipley			Mary	E. Kettler	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dotes	of service)		INFORMANT	Address	
(16	Yes War 1	2	14-10-5605A Ch	arles T. Ha	ugh-Mt. Pleasant	-Md.
	18. CAUSE OF DEATH (Enter only one co	use per line for	(o), (b), ond (c).)	7		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) CO	NGESTIVE \$11	EART FAI	LURIE	2-3 nearly
	4200 DUE					
	Conditions, if ony, which gove rise to immediate couse (o),	(b) HR7	ERIOSELEROTIE	MEARY	LISE ASE	70 yrs
	stoting the underlying couse DUE	TO				
	lost.	(c)				Tie we we we
N	PART II. OTHER SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED?
CATIC	GOUT ; PAGET	Id S.	srage or 130		ebral Thrombos	YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port 1 or Port II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	1 204 11	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, for	m. 20f. (City or town)	(County) (Stote)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of worl	Not While for	tory, street, office bldg., etc		(50011)
	21. I certify that (I) (this ho				1960 to 3/3	, 19 67 tha (U) (we) los
	saw the deceased alive on_		3 19 67 and the	at death accurred a	t 2 p.M. from causes and	d an the date stated above
	220. SUSTNATURE	1		ATTENDING	MED. STAFF	22b. DATE SIGNED
	Keleurel C. K	agrice	els M	.D. PHYS.	DIRECTOR PHYS.	5/3/67
	22c. PHYSICIAN'S NAME(Type) Richard (	C. Reyn	olds	804 Toll	. House AveFred	derick, Md.
00	BURIAL, CREMATION, 23b. DATE TH		23c. NAME OF CEMETERY OR	CPEMATORY	23d. LOCATION (City or Town)	(County) (Stote)
230	REMOVAL (Specify) Burial May 6		Mt. Olivet Ce		Frederick, Mo	
24		ook La	- ADDRESS While	4	D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	M.R. Etchison & Son	n F	rederick, Md.2		18 1967 fch	arles Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TRANSILL SHELEY MAY 3 67

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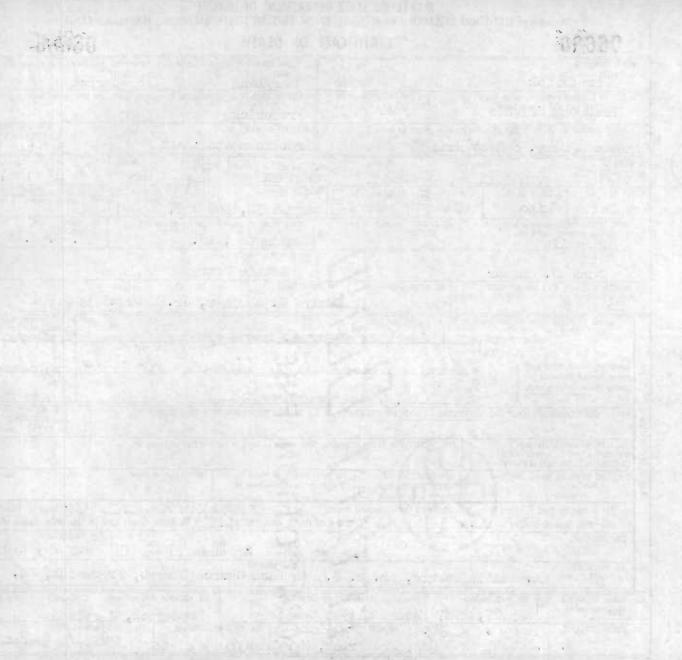
MADVIAND CTATE DEDADTMENT OF HEALTH

	MAK	LAN	ID STATE	DEL	AK	LIMEIAL C	T HEAL	.III		
ICAL	RESEARCH	AND	RECORDS,	301	W.	<b>PRESTON</b>	STREET,	BALTIMORE,	MARYLAND	21201

06680	CERTIFICATE	OF DEATH		96666
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	o. STATE Maryland	b coun	derick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give regreat town) Bradoock field this	c. LENGTH OF STAY IN 1b	c (ITY OR TOWN (If outsi	ide corporote limits, write RUR	RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Vindabona Conv. & Rest Home		Brooklawn A	partment	YES NO 🔼
3. NAME OF First DECEASED (Type or print) VIRGINIA	Middle MUSSER	Lost SHRINE <b>R</b>	4. DATE Mont OF May	25 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED  Female White WIDOWED	INEVER MINICIPAL	8. DATE OF BIRTH August 30,18		Months Doys Hours Min.
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Huntington,	Pa.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Cyrus J. Musser		Nettie M	owry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		INFORMANT Tard D. Shrin	er, Jr. (Same	
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Outer To  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)	gretinsing arterio	andio Vas	3	2 ONSET AND DEATH  2 Sease 1  19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING   205. IC ONTRIBUTING CONTRIBUTING CONTRIBUTIONS  (IE 171HER NOTIFE MEDICAL FRAMINES)				PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. Whi otwo	le Not While foct	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) atte		death occurred at	65, ta May 2	and an the date stated abave
22c. PHYSICIAN'S NAME (Type) A. Austin Pea	rre, Sr. M. D.	D. PHYS. D	AED. STAFF DIRECTOR PHYS. Carch Street, B	22b. DATE SIGNED May 25, 1967 Frederick, Md.
230. BURIAL, CREMATION, BERNOVAL Specify) 23b. DATE THEREOF May 27, 1967		Cemetery	23d. LOCATION (City or To Frederick,	M_ryland
24. FUNERAL DIRECTOR M. R. Etchison &	Son, Frederick,	4		Cliantes Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fanera director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages (I and should be filed with the State Dept. of Health prior ta burial, cremation, or remaval, and in any event, within 72 hours after dea Page 4 moy be retained by the hospital or attending physicion.

VR A15 (4)



The first state of the state of

24 hours

executed within

completely filled in by the funeral vy carbon papers. Pages 1 and 2 event within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and codirector, page 3 should be detached for use as the burial-transit permit. Then please remove should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any expound be filed with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06681

CERTIFICATE OF DEATH

1. PLACE OF DEA	- Charles and the second				NCE (Where deceased		: Residence before admission
	rederick		MARYLAND	a. STATE	laryland	b. COUNTY Pr	ince Georges
b. CITY OR TOWN write RURA Frederic	WN (if outside corpora L and give nearest tow 21701	te limits, (n)	c. LENGTH OF STAY IN 1b Since 8/19/60		(If outside corporet	e IImits, write RUR	AL end give nearest town
d. NAME OF HO	OSPITAL OR INSTITUTIO	N (if not In h	nospital, give street address)	d. STREET ADDRES	SS		e. IS RESIDENC
Marylan	d Odd Fello	ws Home		1214 - 4	8th Avenue		ON A FARM?
3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Month	Day Year
(Type or print)	B*Adv 8	NNIE	В.	SIMPSON	DEATH		26, 1967
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED		8. DATE OF BIRTH 26 June 18	laci	birthday) Months	ER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPA	TION (Cive kind of work	done   10b. k	KIND OF BUSINESS OR	11. BIRTHPLACE	(County & State, or fo	reign country)   12.	CITIZEN OF WHAT
House-w	king lífe, even If retire Ork	(a)	N t Home	Charlott	esville, V		U. S.
13. FATHER'S NAI	ME			14. MOTHER'S MA	AIDEN NAME		
Henry B	oyd			Sally E	. Duke		
	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.   17.	INFORMANT		Address	
No	(11) co give ma or dates o	57	78-46-6474D M	. Odd Fell	ows Home,	Frederick	, Md. 21701
18. CAUSE OF	DEATH [Enter only on	e cause per l	line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. D	DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (10)	Emary Th	rmoosis			20 min
4301	DUE		10	1 . 100	/	1	10-111
Conditions, If	any, which	(b) (94	meralized	arler	10 - Sca	ross	15 years
gave rise to cause (a),		ТО	0				
underlying cau		(c)					
PART II. OTHER  PART II. OTHER  20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITION	ONSCONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	LDISEASECONDITIO	N GIVEN IN PART 1(	a) 19. WAS AUTOPSY PERFORMED? YES NO X
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF OEA OTIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury in Part I	or Part II of Item :	18.)
20c. TIME OF Hour a	INJURY Month, Oay, .m.	Year   20d. I	fact	ACE OF INJURY (Home, ory, street, office bldg.	farm, 20f. (City etc.)	or town) (C	county) (State)
E p	.m. 19	at wor				111116	17
	//	ital) attend	led the deceased from	jan 1	19/20 to ///	19 CU, 19	, that (I) (we) las
saw the de	eceased alive on/	My.	26_1962 /, and the	t death occurred at	M, from the		the date stated above
22a. SIGNAT	ermarel l	1. 1/	lumo In.	D. PHYS.			May 1967
22c. PHYSICI NAME (1		O. The	omas, Jr.	22d. ADDRESS 228 N. M	larket St.	Frederic	k, Md. 21701
23a. BURIAL, CRE REMOVAL (Sp	MATION, 23b. DATE		23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATI	ON (City, town or	county) (State)
Burial	5/29/	67	Washington N			und, Maryl	and
24. FUNERAL DIR	J'None.	& Son	ADDRESS		REC'D BY REGISTRAF	25b. REGISTRA	AR'S SIGNATURE
M. R. E	tchison & S	on, Fre	ederick, Md.	21701   Dotal A	1 9 1 400	on!	

Miles Jules

VR AI5 (4) 20M 1/65

an tim, with

Prederick

Female White

HOURS-WORK

Henry Boyd

Frederick 21701

Maryland

Since 8/19/60 Hillmide

smolf #A

1214 - 48th Avenue

Maryland Oed Wellous Home

STATISCIA 13. BINNIN

26 June 1881

Charlettesville, Va.

Sally h. Duke

578-40-0474D Md. Odd Rellows Home, Frederick, Ad. 21701

Prince Georgea

U. S.

X

May 26, 1967

3:30P

27 May 1967

Bernard O. Thomas, Jr. 228 M. Market St., Frederick, Md. 21701

Burdal 5/29/67 Washington Mational Cem, Suitland, Maryland M. M. Etchison & Son, Frederick, Md. 21701

Pages I and

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retoined by the haspitol ar oftending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL DESEADCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06683	NISION OF STATISTICAL RESERVE		OF DEATH		06668
1. PLACE OF DEATH o. COUNTY	rederick	MARYLAND	o. STATE Mary		Frederick
write RURAL ond	outside corporate limits, give nearest town) erick	c. LENGTH OF STAY IN 1b Years		side corporote limits, write RURAL erick	L ond give neorest town)
	L OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	erick Nursing Hor First Alice	Middle	lost Lost Smith	4. DATE Month OF DEATH MAY	Doy Year 9 19 6 7
(Type or print)  5. SEX  Female	6. COLOR OR RACE 7. MARRIED White WIDOWED	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 17- 188	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION during most of working li Homema	le, even if retired)	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County ) Frederick	Stote, or foreign country)  Co. Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	• Esworthy		14. MOTHER'S MAIDEN N Malinda		
1S. WAS DECEASED EVER (Yes, no, or unknown)	IN U.S. ARMED FORCES? 16.		INFORMANT ank R. Smith	-Sr631 Trail	Frederick, Md.
1B. CAUSE OF DEA	ATH (Enter only one couse per line for H WAS CAUSED BY: IMMEDIATE CAUSE (o)		1 current	a - Temi	INTERVAL BETWEEN ONSEL AND DEATH
Conditions, if ony,					
rise to immediate stating the under lost.	ying couse (c)				
PART II. OTHER SIG	enificant conditions contributing	Ulitur a	terwile	the Heart D	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	□ CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.			
Hour o.m	While of wor	Not While of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		(County) (Stote)
	y that (I) (this haspital) atter ceased alive an MA	ded the deceased fram_ 1967, and the	at death accurred at	9.56 , to May 9 1150 M, fram causes a	, 19 / 7, that (I) (we) la nd an the date stated abov
220. SIGNATURE	eng V Ch	are N	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5/13/67
22c. PHÝSICIAN'S NAME (Type)	Henry V.	Chasen	D Soy Toll	House Ave	Frederick, Ma
230. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF 5-12-1967	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town Frederick, Mc	

Md.21701

250. REC'D BY REGISTRAR

2Sb.

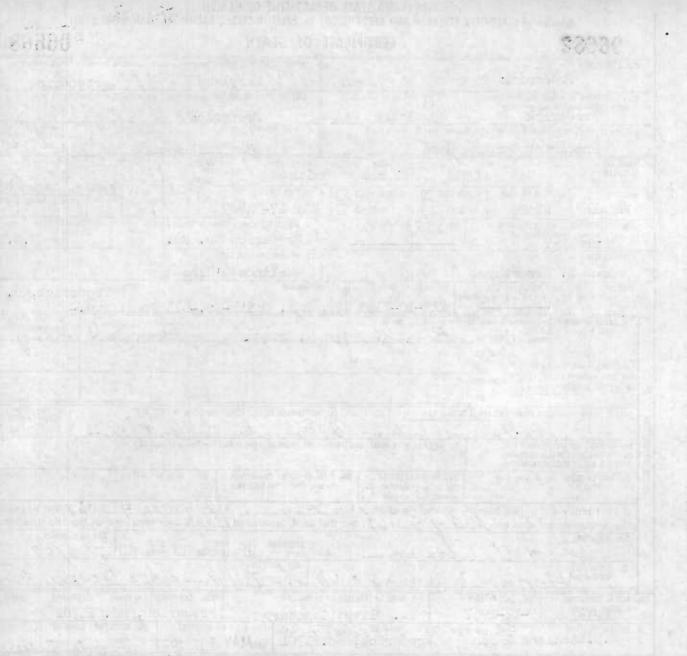
REGISTRAR'S SIGNATURE

Frederick,

Son

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician ond campletely (tilled Til by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removol, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR
M.R.Etchison



campletely filled in by the funerolate carbon papers. Pages Land

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death

Page 4 moy be retained by the hospitol or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	U6683	CERTIFICATE	OF DEATH				
	PLACE OF DEATH			Where deceosed lived, if institu		before odmissio	in)
	o. COUNTY Frederick	MARYLAND	o. SIATE	b. (0)	uniy redericl	K	
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		itside corporote limits, write R			
	write RURAL ond give nearest town)	Days	Frederic	le	in.		
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		/ / /	e. IS RESID	
	rederick Memorial Hosp		Tower Ap	artment		ON A FA	NO X
	NAME OF First	Middle	Lost		nth	Doy Yeo	or
	DECEASED (Type or print) JOHN	WESLEY	STARR, SR.	OF DEATH May	- 29	19	67
5.	SEX 6. COLOR OR RACE 7.		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YE		~
	Male White V	VIDOWED DIVORCED	January 26,	1896 71 yrs.	Months Do	oys Hours	Min.
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR		& Stote, or foreign country)		N OF WHAT	
dur	ing most of working life, even if retired)  Retired	Ox-Fibre Brush Co.	Frederick	County, Md.	COUN	. S. A	1.
13.	FATHER'S NAME	ps 12000 220011	14. MOTHER'S MAIDEN 1				- 11
	Richard V. Starr		Mary	Warthen			
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Add	dress		
(Ye	is, no, or unknown) (If yes give wor or dates of ser No	214 10 2020 Ea	rl F. Starr	Route #5.Fre	derick.	Maryla	md
	18. CAUSE OF DEATH (Enter only one couse po			1,200		INTERVAL BETY	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _		unne			SUSET AND D	EATH
	DUE TO	21.1	4	11-4			
	Conditions, if ony, which gove ) (b)	Williamo, O	tho MI	Much		- 3.7	
	rise to immediate couse (a), Stating the underlying couse						
	lost. (c)						
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)		19. WAS AUTO PERFORME	DPSY ED2
ATIO							NO X
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 18.)			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form		(County	y) ('	(State)
MEE	Hour o.m. p.m. 19	While Not While of work	ory, street, office bldg., etc.		/		
	21. 1 certify that (I) (this hospital		4/15	1998, ta	30,1961	, that (I) (1	we) las
	saw the deceased alive an	5/29/19/27, and that		M, fram couse	s and an the	date stated	l abave
	220. SIGNATURE	d/ /	ATTENDING 1	MED. STAFF	22b. DATE		
	I would &	Jugues MI	D. PHYS.	DIRECTOR PHYS.	May !	29, 196	27
	22c. PHYSICIAN'S NAME (Type) Robert, S	Hughes W D	22d. ADDRESS	laire Avenue,	Traderi.	ok Md	
		Hughes, M. D.					
230	D. BURIAL, CREMATION, 23b. DATE THEREO			23d. LOCATION (City or 1		.,	itote)
		1967 Mount Olivet	Cemetery	Frederick.	Marylan	d	
24	FUNERAL DIRECTOR Koule		2		REGISTRAR'S SIGN		
1	M. R. Etchison & Son	, Frederick, Maryl	and DATE	IN 2 1967	Missel	as Judg	Had

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, crematian, or removal, and the overt, within 72 hours after the state Dept. of Health prior to burial, crematian, or removal, and the contraction of the state Dept. of Health prior to burial, crematian, or removal, and the state Dept. of Health prior to burial, crematian, or removal, and the state Dept. of Health prior to burial, crematian, or removal, and the state Dept. of Health prior to burial, crematian, or removal, and the state Dept. of Health prior to burial, crematian, or removal, and the state Dept. of Health prior to burial, crematian, or removal, and the state Dept. of Health prior to burial, crematian, or removal, and the state Dept. of Health prior to burial, crematian, or removal, and the state Dept. VR A15 (4)

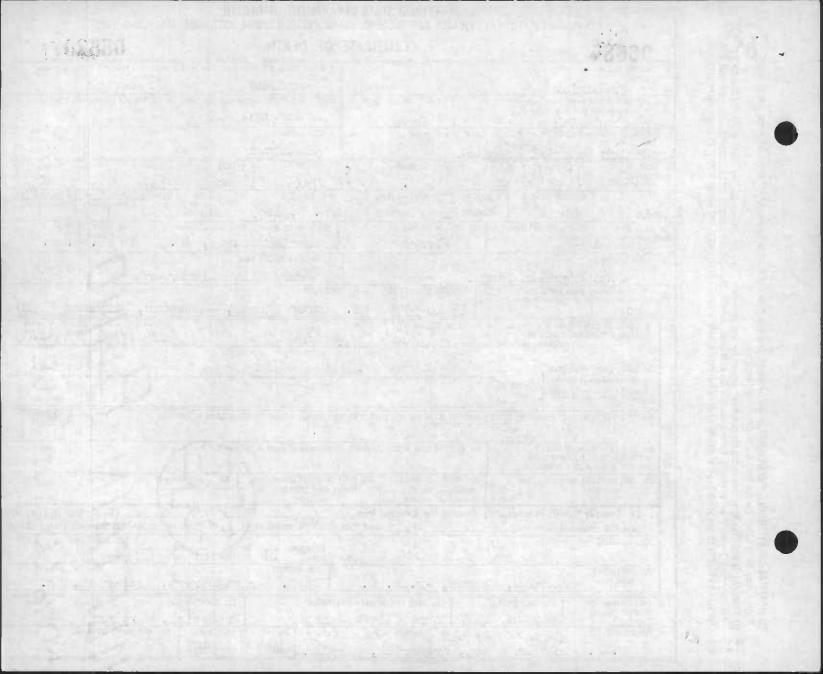
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06684	CERTIFICATE	OF DEATH	98	6670
	1. PLACE OF DEATH  o. COUNTY  Frederick	MARYLAND	o. STATE Maryland	deceosed lived, if institution: Reside b. QUNTY Frederi	ck
	b. CITY OR TOWN (If outside corporate limits, c. write RURAL ond give neorest town)  Frederick	LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside Adamstown	corporote limits, write RURAL and giv	ve neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give s Frederick Memorial Hospital		d. STREET ADDRESS Adamstown		e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Ralph	Middle Th	0 44-20	DATE Month OF DEATH May 2	Doy Year 2 1967
Total Control	SEX 6. COLOR OR RACE 7. MARRIED  Male White WIDOWED	NEVER MARRIED 8. DIVORCED J	DATE OF BIRTH	9. AGE (In years   IF UNDER   Months	Doγs Hours Min.
	Muring most of working life even if retired) INDUST	of Business or IRY Armer	11. BIRTHPLACE (County & Stote Frederick Cou	nty, Md.	OUNTRY? A.
	13. FATHER'S NAME  John Franklin Thomas		14. MOTHER'S MAIDEN NAME Mary Elle	n Zimmerman	
	16. SOCIAL (Yes, no, or unknown) (If yes give wor or dotes of service)	AL SECONITY INS.	Nonroe Thomas	Address , Adamstown, Mar	
	18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise Io immediate couse (o), stoting the underlying couse  Output  Due To  Conditions, if ony, which gove rise Io immediate couse (o), stoting the underlying couse  Output  Due To  Conditions (c)	rebral and	Primbosio ( Viis-Seleri	with from play	INTERVAL BETWEEN ONSET AND DEATH
7		terotic (	HE TERMINAL DISEASE CONDITION  Enter nature of injury in Port I		19. WAS AUTOPSY PERFORMED? YES NO
	- (II ETTIER, NOTIT MEDICAL EXAMINER)		E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (Stote)
	21. I certify that (I) (this haspital) attended saw the deceased alive on	the deceased fram	death accurred at	L, ta <u>211 Un 22</u> , 19 ISAM, fram capses and an	the date stated above
	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	umos J.M.D.		CTOR PHYS. 22b. 1	DATE SIGNED 467
/	22c. PHYSICIAN'S NAME (Type) Bernard O, Thomas,	/		et Street, Fredei	
)	REMOVAL (Specify) Burial May 24, 1967 M	23c. NAME OF CEMETERY OR C	Cemetery F	23d. LOCATION (City or Town) Prederick, Maryla	
	M. R. Etchison & Son, F.		yland DWAY 2	REGISTRAR 25b. REGISTRAR'S 4 1967 MCLIANO	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, cremation, ar removal, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

death



death.

after

hours

within

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certificate

PHYSICIAN:

.= filled rbon papers. etely ve carb compl remove n any eve and and in attending physician rmit. Then please r eas removal, permit. or cramation. the þ al-trans signed Drior has SB use for use Health certificate t. of detach

papers. 1-27 hours or attending physician. been s. the burian the hospital After Id h retained DIRECTOR: / age 3 should lied with the page May FUNERAL tor, I 0 direct 2

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Davs I jams ville Fraderick Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital Ijamsville NO X YES NAME DE First Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 1967 Thomps on

8. DATE OF BIRTH 25 Dorothy Elizabeth Mav 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours Toa. USUAL OCCUPATION (Giverkind of workdone during most of working life, even if retired)

NOUSTRY

WIDOWED DIVORCED

DIVORCED

10b. KINO OF BUSINESS OR INDUSTRY DIVORCED 3-11-1916 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Frederick Maryland
14. MOTHER'S MAIDEN NAME 36-36-36-36-36-36 Domestic 13. FATHER'S NAME Jane Biggus in Frank Onley
DEVER IN U.S. ARMED FORCES?
(If yes give war or dates of service) 17. INFORMANT Addras ville, Md 16. SOCIAL SECURITY NO (Yes, no, or unkown) \*\*\*\* No Thompson 214-14-66 CAUSE OF DEATH [ Enter only one cause per line INTERVAL BETWEEN ONSED AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTR ING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 196 21. I certify that (I) (this hospital) attended the deceased from . that (I) (we) last and that death occurred at 19 67 PM, from the causes and on the date stated above. saw the deceased alive on 22b. ATTENDING DIRECTOR M.D. PHYSICIAN'S ADORESS 22c. NAME (Type) Dr. Charles Conley, Jr Prof Bldg Frederick Md BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Ebeneezer Church I jams ville Fred Co. Md Burial 5-29, 1967 REC'D BY REGISTRAR | 25b. Charley Constan C.E. Hicks. 111 Frederick. Md DATE

VR A15 (4) 20M 1/65

*i.* and the state of the A Dogs . Heart I amount acoust Tredscate Recorded Nospitus Fut 188 Ijamuvilleri. C. well parably discontinued the second Dugal of seal 8-11-1816 61 North and the state of the stat No. of the contract of the con SDI X3 noalerst quilled [588-A1-A19 See Ass. The second secon THE LOUIS AND LOUIS AND ADDRESS. The Charles H. Lowler, Jr. 1 Prof Bldg Frederick Mt. Daniel 5-29, 1957 Phonograp Church | Idensitite Prest p. 14 C. . Hicke, Ed Fracusta, 48

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

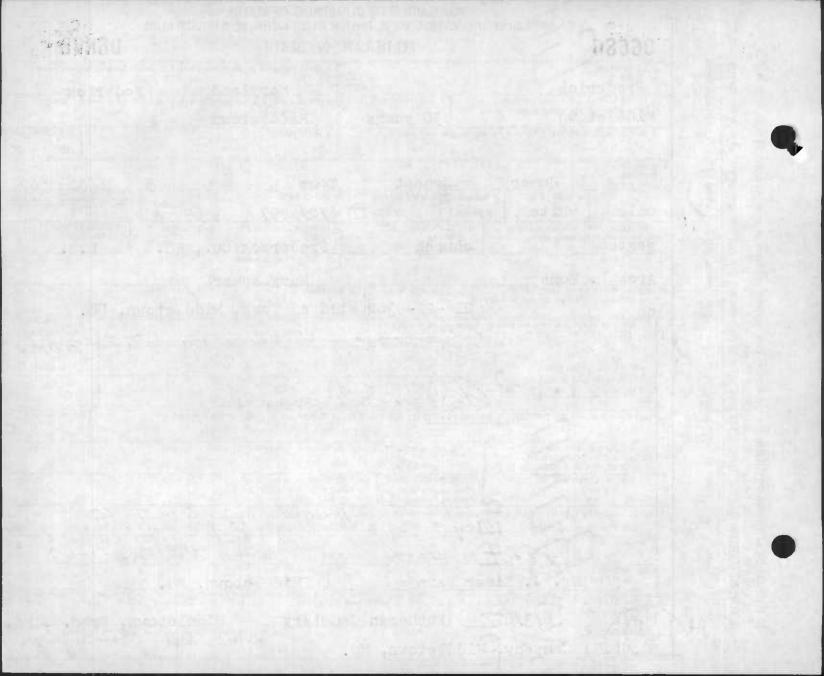
06686			CERTIFICATE	OF DEATH			066	72	
o. COUNTY Frede:	rick		MARYLAND		land	b. COUN	TY rederi	ck	ion)
Middle	(If outside corporate limited aive neorest town)	S,	30 years	c CITY OR TOWN (IF &		limits, write RUR	AL ond give ne	orest town)	
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in hospitol, g		d. STREET ADDRESS				e IS RESI ON A I	IDENCE FARM? NO
3. NAME OF DECEASED		rst	Middle	lost	4. DATE OF	Month	1		ear
(Type or print) S. SEX	Homer		Ernest	Toms	DEATH	AGE (In years	IF UNDER 1 YEA	37 19	R 24 HRS
male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6/2/1897		Jast birthdoy)	Months Do		Min.
10o. USUAL OCCUPATIOn during most of working SEXTON 13. FATHER'S NAME	N (Give kind of work done glife, even if retired)	INI	ND OF BUSINESS OR DUSTRY UPCh	11. BIRTHPLACE (County Frederic 14. MOTHER'S MAIDEN	k Co.		12. CITIZEN COUNTI		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 21	6-22-9382 мі	Mary S		Addre:			
	y, which gove ) te couse (o),	(o) 10 (b)	Jerij Sch	y Occl	usio	71		INTERVAL BE ONSET AND	
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		19 WAS AUT PERFORA YES	
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port I	l of item 18.)			
Hour o	JURY Month, Doy, Yeor m. 19	20d. IN While of work	Not While foct	CE OF INJURY (Home, forr ory, street, office bldg., etc.		(City or town)	(County)		(Stote)
saw the c	leceased alive an_	pital) attend	ded the deceased fram 1 3a1967, and tha	hay 10, t death accurred at	1967, to.	May 3 fram causes of	and an the		we) last d abave
220. SIGNATURE	yel.	nur	Harp M.	771101	MED. DIRECTOR [	STAFF PHYS.	22b. DATE S	-67	
22c. PHYSICIAN' NAME (Type		Clmer 1	Harp /	22d. ADDRESS Middl	etown	Md.			
23o. BURIAL, CREMATI	ON, 23b. DATE TH		23c. NAME OF CEMETERY OR		23d. LOC/	ATION (City or Tov	vn) (Cou	unty) (	Stote)
buria!		7		metery		dletov		ed.	Md.
24. FUNERAL DIRECT	OR	363 3	ADDRESS	250. REG	DEN RESISTRA	1967 REI	GISTRAR'S SIGN	By Jus	المرا

DATE

Gladhill Company, Middletown, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) Frederick. a. STATE b. COUNTY Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end giva naerest town) Frederick 5 Yrs Frederick. Pages aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours Monocacy Hall Nursing Home, Inc. 1300 Market St. 1730 N. Market St., Frederick, N. completely papers. 4. DATE Month 72 DECEASED OF R. Farma. Warner May DEATH (Typa or print) within and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) event, WIDOWED TV DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working lifa, aven if retired) Housewife Md. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 attending John T. Richter Rebecca Stephen and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yas, no, or unkown) (If yas give war or datas of service) 1300 N. Market St., Arthur Rickell the Frederick permit. 18. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c). ٩ 5 PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO attending peen Conditions, if any, which gava risa to immediate causa DUE TO the bur burial, (a), stating the undarlying has PHYSICIAN: ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 9. WAS AUTOPSY certificate CERTIFICATION hospital S 0 use prior 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING [] CAUSE OF DEATH the After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING MEDICAL 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, ) 20f. (City or town) Month, Day, Yaar factory, street, offica bldg., etc.) may be retained DIRECTOR: Aft While Not While Hour a.m. ō et work at work Dept. pe to . 2 / / that (I) (we) last plnods State 22a. SIGNATURE ATTENDING MED. STAFF 3 PHYS. DIRECTOR PHYS. M.D. HOSPITAL FUNERAL with the Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FREDERICK, 1066HESEALE ector, filed death. 2357 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) 0:53 OI  $\vdash$ REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 2DM 5-634

IS RESIDENCE

ON A FARM?

YES NO X

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

2/4 4

(County)

PERFORMED? NO

(State)

DATE

(Stata)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

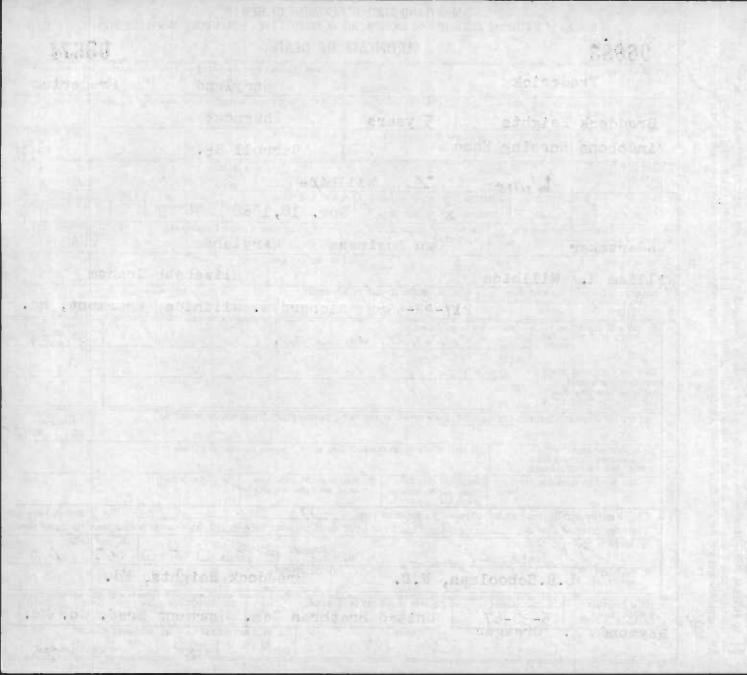
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62000 10 10 TO 10 chooses intl standing news are. The street of State of State of

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- ANER		06688	CERTIFICATE	OF DEATH	06674
funeral land	1.	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if ins o. STATE Maryland b. (	titutian: Residence before admission) COUNTY Frederick
Poges urs afte		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write	RURAL and give nearest tawn)
0 0		Braddock Heights	5 years	Thurmont	100/
popers.	,	d NAME OF HOSPITAL OR INSTITUTION (If not in Vindobona Nursing	hospital, give street address) Home	d. STREET ADDRESS  Carroll St.	e. IS RESIDENCE ON A FARM? YES NO
with rely reband	3.	NAME OF First DECEASED (Type ar print)	Middle W11	mb hal ( OF a	Month Doy Year  Class 28 1967
e executed wit and completely remove carban n any event, w		N// N /		DATE OF BIRTH NOV. 18, 1868  9. AGE (In yeor left)	() Manths Days Haurs Min.
icate be ex sician and please rem I, and in an	10c	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	IOD KIND OF BUSINESS OR INDUSTRY Busine	11. BIRTHPLACE (County & State, or foreign country)  s Maryland	12. CITIZEN OF WHAT COUNTYS A
physician en please ovol, and		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
th certifuling phy. Then		illiam N. Willhid		Elizabeth	n Graham
attending permit. The	15. (Y)	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dates of ser	(contract)	NFORMANT Richard S. Willhide	Thurmont, Md.
that the death certificate be executed an.  by the attending physician and comple transit permit. Then please temove carremation, or removal, and in any event		18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		von boris	INTERVAL BETWEEN ONSET AND DEATH
.= +-		Conditions, if any, which gave )  (b)	Arterio Scla	1 . 7 nu	2
requires ng physic n signed ne burial to burial,		rise to immediate cause (a), stating the underlying couse	Melasio Zeit	VV3 C 4	•
e low tendir as bee os th prior t		DART II OTHER SIGNIFICANT CONDITIONS CONTE	DIBITING TO DEATH BUT NOT DELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o	1 19. WAS AUTOPSY
Te he he	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	CIBUTING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CONDITION STREET IN FART TO	PERFORMED? YES NO
コはまっち	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.	.)
IG PHYS the hos ir this ce detoche ote Dept.	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (State)
d by Afte d be e Sto			al) attended the deceased fram_	2//3 ,1967, to 5/	2£, 1967, that (1) (we) last
oine Oor Houl		sow the deceased alive on	5/26 1967, and tha	t death occurred at/1 2 r AM, from caus	ses and an the date stated above.  22b. DATE SIGNED
be ret be ret DIREC ge 3 s ge 3 s		Moleo	vlucu M.		0 5/2+167
SPITAL OR 4 may be r IERAL DIRE ar, page 3 d be filed v		22c. PHYSICIAN'S L.R. School	olman, M.D.	Braddock Height	s, Md.
TO HOSPITAL Page 4 may 1 TO FUNERAL D director, pag should be file	230	BURIAL, CREMATION, REMOVAL (Specify) 5-30-6	7   United Bre		r Town) (County) (State)  Ered. Co. Md.
VR A15 (4)	3	Creag	T/ A/		REGISTRAR'S SIGNATURE
20 M 1/66	V	ac mond C. Creace	1 (moren)	DATE MAY 3 1 1967	Milianles Judge



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	D1	CEA	SEL	)	

ages 1 and 2 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely fived in by the funeral director, page 3 should be detached far use os the burial-tronsit permit. Then please remove corbon tapers. Pages T and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 12 hours differ deat

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.

Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

06689			CERTIFIC	CATE	OF DEATH			0	667	15	
1. PLACE OF DEATH o. COUNTY Fre	ederick		MARYLA		2. USUAL RESIDENCE (V o. STATE Virgini	a	b. cour	viy oudow	n		on)/
b. CITY OR TOWN	(If outside corporate limited give nearest town)	ts,	c. LENGTH OF STAY IN	lb .	c. CITY OR TOWN (If ou			RAL and give	ve neares	t town)	
0000	drick		Day		Lovetts	vill	.0		183	1.3	
	Memorial H	, , ,			d. STREET ADDRESS					e IS RESI ON A F YES	DENCE ARM? NO [
3. NAME OF		irst	Middle	11	Lost	4. DAT	TE Mont	h	Doy	Ye	or
(Type or print)	ELLEN		VIRGINIA	V	VILLIAMS	OF DEA	in May	T	3	0 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	<b>1</b> 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDE	
Female	White	WIDOWED	DIVORCED	JI	ly 9, 1887		Jost birthdoy) 79 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPATIO during most of working Housew.	ON (Give kind of work done g life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Virginia  14. MOTHER'S MAIDEN I	& Stote, o	or foreign country)	C	TIZEN OF OUNTRY?	A	
13. FATHER'S NAME	74			9.7	Ellen G						
	vid Eli Axl		COCIAL COCUDATY NO	17 181		Lecu					
	(If yes give wor or dotes		SOCIAL SECURITY NO.		FORMANT Ospital Rec	ords	Addre	355			
	y, which gove te couse (o),	A	(o), (b), ond (c).)	cH						ERVAL BET	
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO TH	HE TERMINAL DISEASE COM	NDITION G	GIVEN IN PART 1(0)			WAS AUT PERFORM	OPSY ED? NO
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (1	inter noture of injury in	Port I or	Port II of item 18.)				
Hour o	.m. 19	While of work	Not While of work	focto	OF INJURY (Home, form ry, street, office bldg., etc.)				ounty)		(Stote)
	tify that (I) (this ho	spital) attend	ded the deceased fr	am	5/29 , 1 death accurred at	85-1	, to 5/20	, 19	6/, th	nat (I) (	we) las
220. SIGNATURE		utin		) ( M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF		DATE SIGN		6 7
22c. PHYSICIAN' NAME (Typ		in Pear	re, Jr. d.	D.	22d. ADDRESS Toll Hous	e Av	venue, Fred	deric	k, M	d.	
230. BURIAL, CREMATI REMOVAL Specif BUT 1 1 1 24 FUNERAL DIRECT	OR Street	1967	23c. NAME OF CEMETE Union Compa	eter	Y 2So. REC'I	D BY REG		Le. V	SIGNATIL	nia E	tote)
	-cM R Ft	chison	& Son Francis	loni	DATES DATES	N 2	1967	liny	Can )	nog	Eq.

1 . . . 2 . . . . .

Frederick, Md. 21701

25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

M.R. Etchison &

VR A15 (4)

20 M 1/66

